

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90030 040 \*\*\*\*61.25

**DOCUMENT # N96000003065**

1. Entity Name

**VIETNAM VETERANS OF AMERICA, INC. CHAPTER #566 P**

Principal Place of Business

Mailing Address

P.O. BOX 9313  
 PORT ST. LUCIE FL 34985

P.O. BOX 9313  
 PORT ST. LUCIE FL 34985-9313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0250332**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**BRADLEY, MICHAEL**  
**626 SW CYNTHIA ST.**  
**PORT ST. LUCIE FL 34983**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAPP, NEIL	NAME	
STREET ADDRESS	2595 DELANO ROAD	STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, MICHAEL	NAME	
STREET ADDRESS	626 S.W. CYNTHIA STREET	STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES OTIS,	NAME	
STREET ADDRESS	2407 S.E. MARSCILLE ST.	STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATI, VIC	NAME	
STREET ADDRESS	244 GREENBRAIR DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK FL 33403	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSBORNE, DALE	NAME	
STREET ADDRESS	1960 S.E. ANECI STREET	STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Dale Osborne* RESUME D560PPE 1/24/00 561-876-4285  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #