

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 04, 2001 8:00 am
Secretary of State

02-28-2001 90093 008 ****61.25

DOCUMENT # N96000003065

1. Entity Name

VIETNAM VETERANS OF AMERICA, INC. CHAPTER #566 P

Principal Place of Business P.O. BOX 9313 PORT ST. LUCIE FL 34985	Mailing Address P.O. BOX 9313 PORT ST. LUCIE FL 34985
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0250332	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAPP, NEIL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURTON, TOM	
STREET ADDRESS	12825 INDIAN RIVER DR	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STERLING, MIKE	
STREET ADDRESS	6406 S.E. CIRELS ST.	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

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: Neil J. Napp Date: 1-22-01 (5th) 337-3232 Daytime Phone #