

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005841

1. Entity Name

VIETNAM VETERANS OF AMERICA, INC. CHAPTER #787 T

**FILED**  
Feb 16, 2000 8:00 am  
Secretary of State

02-16-2000 90041 035 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3111 FAIRLEA LN.  
VALRICO FL 33594

3111 FAIRLEA LN.  
VALRICO FL 33595-2037

2. Principal Place of Business

P.O. Box 2037

3. Mailing Address

P.O. Box 2037

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VALRICO, FL

City & State

VALRICO, FL

4. FEI Number

59-3500621

Applied For

Not Applicable

Zip

33595-2037

Country

HILLSBOROUGH

Zip

33595-2037

Country

HILLSBOROUGH

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANDERSEN, MARTIN J  
3111 FAIRLEA LANE  
VALRICO FL 33594

7. Name and Address of New Registered Agent

Name

THOMAS DAMM

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

4524 PRESTON WOODS DRIVE

City

VALRICO

FL

Zip Code

33594

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

*Thomas Damm*, Thomas Damm

2-7-2000

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

TITLE	P	<input type="checkbox"/> Delete
NAME	DAMM, THOMAS	
STREET ADDRESS	1705 TALLOWTREE CIRCLE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BENJAMIN, ALEX L	
STREET ADDRESS	3913 W. CRENSHAW	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, MARTIN JR.	
STREET ADDRESS	31111 FAIRLEAN LANE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARPER, JAMES V	
STREET ADDRESS	11409 VISCAYA ROAD	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRAMER, JAMES R SR	
STREET ADDRESS	7020 GRAND RAPIDS DRIVE	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMM, THOMAS	
STREET ADDRESS	4524 PRESTON WOODS DRIVE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARBONE, BRUCE	
STREET ADDRESS	4846 INDIAN OAK DRIVE	
CITY-ST-ZIP	MULBERRY, FL 33860	
TITLE	SECRETARY/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS H. HALL	
STREET ADDRESS	2209 ALLWOOD AVE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUN, DAVE	
STREET ADDRESS	510 ROBIN HILL CIRCLE	
CITY-ST-ZIP	BRANDON, FL 33510	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONNELL, DONALD, T.	
STREET ADDRESS	814 SHANGRI-LA DRIVE	
CITY-ST-ZIP	SEFFNER, FL 33584	

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:

*Thomas Damm*, THOMAS DAMM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-2000

Date

813

832-6619

Daytime Phone #

CR2E037 (9/99)