

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90164 042 ****61.25

DOCUMENT # N97000005841

1. Entity Name

**VIETNAM VETERANS OF AMERICA, INC. CHAPTER #787 T
 AMPA, FLORIDA**

Principal Place of Business

Mailing Address

PO BO 2037
 VALRICO FL 33594

PO BO 2037
 VALRICO FL 33594

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 89247

P.O. Box 89247

City & State

City & State

TAMPA, FL

TAMPA, FL

Zip

Country

Zip

Country

33689-0404

HILLSBOROUGH

33689-0404

HILLSBOROUGH

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALL, THOMAS
 2209 ALLWOOD AVENUE
 VALRICO FL 33594

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

THOMAS H. HALL (THOMAS H. HALL) PRESIDENT

1/16/02

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

TITLE	P	<input type="checkbox"/> Delete
NAME	HALL, THOMAS H	
STREET ADDRESS	2209 ALLWOOD AVE.	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MUELLER, JON S	
STREET ADDRESS	2506 OAK LANDING DRIVE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LAARSON, JOHN	
STREET ADDRESS	4421 MOHICAN TRAIL	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAUN, DAVE	
STREET ADDRESS	510 ROBIN HILL CIRCLE	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KRAMER, JAMES R SR	
STREET ADDRESS	7020 GRAND RAPIDS DRIVE	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONNELL, DONALD T	
STREET ADDRESS	814 SHANGRI-LR DRIVE	
CITY-ST-ZIP	SEFFNER FL 33584	

TITLE		<input 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		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JON S. MUELLER	
STREET ADDRESS	2506 OAK LANDING DR.	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALOYSIUS DOYLE	
STREET ADDRESS	1817 BRANDON BROOK ROAD	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN ANDERSEN	
STREET ADDRESS	3111 FAIRLEA LANE	
CITY-ST-ZIP	VALRICO, FL 33594	

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 H. HALL (THOMAS H. HALL) PRESIDENT 1/16/02 813-655-7129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)