

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 763526**

1. Entity Name

VETERANS HOLDING COMPANY OF BRADEN RIVER, INC.**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90033 012 ****61.25

Principal Place of Business

1429 60TH AVE W
STE 300
BRADENTON FL 34207
US

Mailing Address

1429 60TH AVE W
STE 300
BRADENTON FL 34207
US

010039



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1024008

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHOFIELD, P ALLEN
1429 60TH AVE W, STE 300
BRADENTON FL 34207

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | CHANGE | ADDITION |
|-------|--------------------|--------------------------|--------------------|--------------------------|-------|------|----------------|-------------|--------------------------|--------------------------|
| VD | SCHOFIELD, P ALLEN | 1429 60TH AVE W, #300 | BRADENTON FL | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| PD | NIXON, QUINCY | 1204 40TH AVE. W. | BRADENTON FL 34205 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| D | KENNEDY, HAL J | 5711 29TH AVE DR E | BRADENTON FL | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| TD | SOLOMON, STEVE | 1429 FLAMINGO BLVD, #300 | BRADENTON FL | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| SD | FOSTER, DOROTHY | 208 - 48TH AVE TER W. | BRADENTON FL 34207 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| D | CORKWELL, GEORGE | 75 EAGLE CIRCLE | ELLENTON FL 34222 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:

Dorothy Foster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)