

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007126

1. Entity Name

VETERANS HELPING HAND, INC.

Principal Place of Business

13140 BURNINGTREE AVE  
FT MYERS FL 33919

Mailing Address

P.O BOX 3158  
N. FORT MYERS FL 33918

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

65-1050988

Applied For

Not Applicable

5. Certificate of Status Desired XXX

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STONE, R M  
13140 BURNINGTREE AVE  
FT MYERS FL 33919

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 \$61.25

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 PD  
NAME STONE, R M  
STREET ADDRESS 13140 BURNINGTREE AVE  
CITY-ST-ZIP FT MYERS FL 33919 ☐ Delete

TITLE Director  
NAME Don Gill  
STREET ADDRESS 674 Brigantine  
CITY-ST-ZIP No. Ft. Myers, FL 33917 ☐ Change ☒ Addition

TITLE VSD  
NAME YORK, WARREN  
STREET ADDRESS 1334 OLD BRIDGE RD  
CITY-ST-ZIP NO FT MYERS FL 33917 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VTD  
NAME THOMAS, DALE E  
STREET ADDRESS 716 KARLOF ST  
CITY-ST-ZIP FT MYERS FL 33916 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Director  
NAME Terry Pye  
STREET ADDRESS 42 Willis Rd.  
CITY-ST-ZIP No. Ft. Myers, FL 33903 ☐ Delete ADD

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Director  
NAME Jack Tanner  
STREET ADDRESS 5901 Penragon Lane  
CITY-ST-ZIP Fort Myers, FL 33912 ☐ Delete ADD

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Director  
NAME Clyde Bowles  
STREET ADDRESS 17021 Carolyn Lane  
CITY-ST-ZIP No. Ft. Myers, FL 33917 ☐ Delete ADD

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*R. M. Stone* President/Director

Jan. 17, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)