

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90355 022 \*\*\*\*61.25

**DOCUMENT # N00986**

1. Entity Name

**VIETNAM VETERANS OF FLORIDA, INC.**

Principal Place of Business

**4905 SECLUDED WAY  
 MERRITT ISLAND FL 32953  
 US**

Mailing Address

**4905 SECLUDED WAY  
 MERRITT ISLAND FL 32953  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2748666**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**EARRUSSO, RALPH  
 411 NE 25TH AVE  
 MERRITT ISLAND FL 32953**

7. Name and Address of New Registered Agent

Name **Ralph Farrusso**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4905 Secluded Way**  
 City **Merritt Island FL** Zip Code **32953**

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 **RALPH EARRUSSO**

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

*Ralph Farrusso*

(NOTE: Registered Agent signature required when reinstating)

**3/1/01**

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Mako Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	EARRUSSO, RALPH	
STREET ADDRESS	4905 SECLUDED WAY	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	S	<input type="checkbox"/> Delete
NAME	DREYER, ROSE	
STREET ADDRESS	1545 SEA GULL DR	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LARRIVEE, RON	
STREET ADDRESS	3400 N. TANNER RD	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	2VPD	<input checked="" type="checkbox"/> Delete
NAME	LUSE, R.W. 'DOC'	
STREET ADDRESS	3400 N TANNER RD	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EARRUSSO, JACQUE	
STREET ADDRESS	4905 SECLUDED WAY	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Luse, R.W. 'Doc'	
STREET ADDRESS	3400 Tanner Rd.	
CITY-ST-ZIP	Orlando, FL 32826	
TITLE	2VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ed Barry	
STREET ADDRESS	5185 Atlantic View	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Jacque Farrusso*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/1/01** **321-453-7498**

CR2E037 (10/00)