

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91213 003 ****70.00

DOCUMENT # N01000000603

1. Entity Name

VIETNAM VETS M/C USA CHAPTER "V" INC.



Principal Place of Business

1516 SW DEL RIO BLVD
PT ST LUCIE FL 34953

Mailing Address

1516 SW DEL RIO BLVD
PT ST LUCIE FL 34953

11005242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. *same*

Suite, Apt. #, etc. *same*

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **27-0004311**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DAHLMAN, CHARLES
1516 SW DEL RIO BLVD
PT ST LUCIE FL 34953

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D DAHLMAN, CHARLES**
STREET ADDRESS **1516 SW DEL RIO BLVD**
CITY-ST-ZIP **PT ST LUCIE FL 34953**

TITLE ☐ Delete
NAME **D MOONEY, MICHAEL E**
STREET ADDRESS **10825 SW GREENRIDGE DR**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☒ Delete
NAME **D DEAN, BRUCE M**
STREET ADDRESS **1693 HARP LANE**
CITY-ST-ZIP **PT ST LUCIE FL 34983**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition
NAME **David Marks**
STREET ADDRESS **4913 Regina Drive**
CITY-ST-ZIP **Ft. Pierce, Fla. 34982**

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

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

TITLE ☐ Change ☐ 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)(l), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(772) 8799954

CR2E037 (10/02)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

April 2, 2003

VIETNAM VETS M/C USA CHAPTER "V" INC.
1516 SW DEL RIO BLVD
PT ST LUCIE, FL 34953

Subject: VIETNAM VETS M/C USA CHAPTER "V" INC.

Reference Number: N01000000603

11005242

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/md

ANNUAL REPORTS SECTION