

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01641

1. Entity Name

SUNCOAST VIETNAM VETERANS OF PINELLAS COUNTY, IN

FILED

May 30, 2000 8:00 am
Secretary of State

05-30-2000 90066 023 ****61.25

Principal Place of Business

2840 W BAY DR
319
BELLEAIR BLUFFS FL 33770-2620
US

Mailing Address

2840 W BAY DR
SUITE 319
BELLEAIR BLUFFS FL 33770-2620
US

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

59-2950208

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

OTT, JOHN
2504 GULF BLVD, #201
INDIAN ROCKS BEACH FL 33785

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 D ☒ Delete
NAME SHEPHERD, STEVE
STREET ADDRESS P O BOX 266
CITY-ST-ZIP THONOTOSASSA FL 33592

TITLE VD ☐ Change ☒ Addition
NAME WAYNE WATSON
STREET ADDRESS 10048 MASSA CT
CITY-ST-ZIP SEMINOLE, FL 33716-1302

TITLE VD ☐ Delete
NAME VITEL, MIKE
STREET ADDRESS 5569 56TH WAY BN
CITY-ST-ZIP KENNETH CITY FL 33709

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

TITLE D ☐ Delete
NAME ESTELL, BILL
STREET ADDRESS 5416 63RD WAY N
CITY-ST-ZIP ST PETERSBURG FL 33709

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

TITLE TSD ☐ Delete
NAME OTT, JOHN
STREET ADDRESS 2504 GULF BLVD #201
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785

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

TITLE D ☐ Delete
NAME VALDEZ, DAVID
STREET ADDRESS 2743 EDWARDS AVE. S
CITY-ST-ZIP SAINT PETERSBURG FL 33705

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

TITLE PD ☒ Delete
NAME POGUE, GERALD
STREET ADDRESS 25020 ACORN DR
CITY-ST-ZIP LAND O LAKES FL 34639

TITLE ☐ Change ☒ Addition
NAME EUGENE CHILDRESS JR
STREET ADDRESS 3403 WEST HAWTHORNE
CITY-ST-ZIP TAMPA FL 33611-2941

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 1 0:17:999