

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

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

**DOCUMENT # N01641**

1. Entity Name

**SUNCOAST VIETNAM VETERANS OF PINELLAS COUNTY, IN**

Principal Place of Business

Mailing Address

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

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



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

**59-2950208**

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

**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:**  
**FEES 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	<input checked="" type="checkbox"/> Delete
NAME	SHEPHERD, STEVE	
STREET ADDRESS	P O BOX 266	
CITY-ST-ZIP	THONOTOSASSA FL 33592	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VITEL, MIKE	
STREET ADDRESS	5569 56TH WAY BN	
CITY-ST-ZIP	KENNETH CITY FL 33709	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESTELL, BILL	
STREET ADDRESS	5416 63RD WAY N	
CITY-ST-ZIP	ST PETERSBURG FL 33709	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	OTT, JOHN	
STREET ADDRESS	2504 GULF BLVD #201	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALDEZ, DAVID	
STREET ADDRESS	2743 EDWARDS AVE. S	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	POGUE, GERALD	
STREET ADDRESS	25020 ACORN DR	
CITY-ST-ZIP	LAND O LAKES FL 34639	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAYNE WATSON	
STREET ADDRESS	10048 MASSAU CT	
CITY-ST-ZIP	SEMINOLE, FL 33716-1302	
TITLE	PD	<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUGENE CHILDRESS NR	
STREET ADDRESS	3403 WEST HAWTHORNE	
CITY-ST-ZIP	TAMPA FL 33611-0944	

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:

*John L. Ott, Jr*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 1 017 999