

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90174 039 ****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

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



DO NOT WRITE IN THIS SPACE

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 **Wayne WATSON**

Street Address (P.O. Box Number is Not Acceptable)

10048 NASSAU CT.

City **Seminole** FL Zip Code **33776**

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 **Wayne WATSON**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Wayne Watson
 March 11, 2001

**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 Delete
 NAME **VD WATSON, WAYNE**
 STREET ADDRESS **10048 NASSAU COURT**
 CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D 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 Delete
 NAME **TSD 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 Delete
 NAME **D 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 Delete
 NAME **VR CHILDRESS, EUGENE**
 STREET ADDRESS **3403 WEST HAWTHORNE**
 CITY-ST-ZIP **TAMPA FL 33611**

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)(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: **Wayne Watson**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wayne Watson
 3/11/01 (727) 596-0800
 Date Daytime Phone #

CR2E037 (10/00)