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

FILED
May 14, 2003 8:00 am
Secretary of State
04-21-2003 90549 013 ****61.25

55040685

DOCUMENT # N02000000875

1. Entity Name
VIETNAM VETERANS OF AMERICA, CHAPTER 787, ASSISTANCE FOUNDATION INC.

Principal Place of Business	Mailing Address
P.O. BOX 89247 TAMPA FL 33689	P.O. BOX 89247 TAMPA FL 33689

☐ CHECK HERE IF MAKING CHANGES

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 01-0564453 ☐ 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
HALL, THOMAS H 2209 ALLWOOD AVE. VALRICO FL 33594	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: THOMAS H. HALL Thomas H. Hall 4-17-03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HALL, THOMAS H 2209 ALLWOOD AVE. VALRICO FL 33594	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HANSEN, GARY D 10110 HWY. 301, SOUTH, #28 RIVERVIEW FL 33569	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DALE WAGNER 1547 KEYSVILLE ROAD LITHIA, FL 33547	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HANSEN, DEBRA 10110 HWY. 301, SOUTH, #28 RIVERVIEW FL 33569	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CHARLES ORTELT 2815 LINDENTREE ST. SEFFNER, FL 33584	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HANSEN, DEBRA 10110 HWY. 301, SOUTH, #28 RIVERVIEW FL 33569	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T- THOMAS H. HALL 2209 ALLWOOD AVE. VALRICO, FL 33594	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRAUN, DAVE 510 ROBIN HILL CIRCLE BRANDON FL 33510	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RON SCHOTT P.O. BOX 1451 VALRICO, FL 33595	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUELLER, JON S 2506 OAK LANDING DRIVE BRANDON FL 33511	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: JONATHAN HEQUET THOMAS H. HALL 4-17-03 813-655-7129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #