

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02508

1. Entity Name

VIETNAM VETERAN'S OF NORTH FLORIDA, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90017 034 \*\*\*\*61.25

Principal Place of Business: 10720 LUANA DR. JACKSONVILLE FL 32246 US  
 Mailing Address: 8173 SUTTON PLACE N JACKSONVILLE FL 32217-4407 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 10720 Luana Dr. N. Suite, Apt. #, etc.  
 3. Mailing Address: 10720 Luana Dr. N. Suite, Apt. #, etc.

City & State: Jacksonville, Florida  
 Zip: 32246 Country: Duval  
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 Zip: 32246 Country: Duval

4. FEI Number: 06-9389509  
 Applied For: ☐ Not Applicable

5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MINOR, MICHAEL  
 10720 LUANA DR. N  
 JACKSONVILLE FL 32246

7. Name and Address of New Registered Agent  
 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: MICHAEL MINOR  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  
 DATE: 2/17/00

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

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | ADMD                  | <input checked="" type="checkbox"/> Delete |
| NAME           | MINOR, MICHAEL        |  |
| STREET ADDRESS | 10720 LUANA DR. N     |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32246 |  |
| TITLE          | OC                    | <input type="checkbox"/> Delete            |
| NAME           | BLACKMAN, CLARK       |  |
| STREET ADDRESS | P.O. BOX 226491       |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32218 |  |
| TITLE          | TD                    | <input checked="" type="checkbox"/> Delete |
| NAME           | HINDAL, M.D.          |  |
| STREET ADDRESS | 8173 SUTTON PLACE N.  |  |
| CITY-ST-ZIP    | JACKSONVILLE FL       |  |
| TITLE          | S                     | <input type="checkbox"/> Delete            |
| NAME           | MINOR, MARILY K       |  |
| STREET ADDRESS | 10720 LUANA DRIVE N.  |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32246 |  |
| TITLE          | D                     | <input checked="" type="checkbox"/> Delete |
| NAME           | GURKA, JERRY          |  |
| STREET ADDRESS | 3816 TREE LAKE DR.    |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32257 |  |
| TITLE          | D                     | <input type="checkbox"/> Delete            |
| NAME           | WALACE, ROGER         |  |
| STREET ADDRESS | 718 STANWICK RD       |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32208 |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | ADMD                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Gurka, Jerry            |  |
| STREET ADDRESS | 3816 Tree Lake Dr.      |  |
| CITY-ST-ZIP    | Jacksonville, Fl. 32257 |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Same                    |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          | TD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Minor, Michael          |  |
| STREET ADDRESS | 10720 Luana Dr. N.      |  |
| CITY-ST-ZIP    | Jacksonville, Fl. 32246 |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Same                    |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Baldwin, Joseph         |  |
| STREET ADDRESS | 1846 Agave Circle S.    |  |
| CITY-ST-ZIP    | Jacksonville, Fl. 32246 |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Same                    |  |
| 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: SIGNATURE REQUIRED 2/17/00 904-642-0216  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)