

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90435 015 \*\*\*\*61.25

0013154

**DOCUMENT # N02508**

1. Entity Name

**VIETNAM VETERAN'S OF NORTH FLORIDA, INC.**

Principal Place of Business

10720 LUANA DR. N.  
 JACKSONVILLE FL 32246  
 US

Mailing Address

10720 LUANA DR. N.  
 JACKSONVILLE FL 32246  
 US

2. Principal Place of Business

7547 Old Plant Rd.  
 Suite, Apt. #, etc.

3. Mailing Address

7547 Old Plant Rd.  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

06-9389509

Applied For

Not Applicable

Zip

32220

Country

USA

Zip

32220

Country

USA

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 William Wilder

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

7547 Old Plant Rd.

City Jacksonville FL Zip Code 32220

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 W. Wilder

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

(NOTE: Registered Agent signature required when reinstating)

03-10-01

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

TITLE	ADMD	<input checked="" type="checkbox"/> Delete
NAME	BURKA, JERRY	
STREET ADDRESS	3816 TREE LAKE D.	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	ODD	<input checked="" type="checkbox"/> Delete
NAME	BLACKMAN, CLARK	
STREET ADDRESS	P.O. BOX 226491	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MINOR, MICHAEL	
STREET ADDRESS	10720 LUANA DR. N.	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	S	<input checked="" 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	BALDWIN, JOSEPH	
STREET ADDRESS	1846 AGAVE CIRCLE S.	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALALCE, ROGER	
STREET ADDRESS	718 STANWICK RD	
CITY-ST-ZIP	JACKSONVILLE FL 32208	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Adm. Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID M. MCLENNON	
STREET ADDRESS	141 OLD ORANGE PARK RD, APT 230	
CITY-ST-ZIP	ORANGE PARK FL 32073-3032 (D)	
TITLE	Adm. Sec.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Wilder	
STREET ADDRESS	7547 Old Plant Rd.	
CITY-ST-ZIP	JACKSONVILLE, FL 32220 (D)	
TITLE	Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUE B. ZIEMINSKI	
STREET ADDRESS	141 OLD ORANGE PARK RD APT 230	
CITY-ST-ZIP	ORANGE PARK FL, 32073-3032 (D)	
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		
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)

03-10-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)