

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07653

1. Entity Name

VIETNAM VETERANS OF AMERICA CHAPTER 127, INC., M

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90110 040 ****61.25

Principal Place of Business

Mailing Address

5607 PALMETTO
FT PIERCE FL 34982
US

5607 PALMETTO
FT PIERCE FL 34982-7447
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3030278

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

HUDSON, BRUCE D
5607 PALMETTO DR
FT PIERCE FL 34482

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:
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	PD	<input type="checkbox"/> Delete
NAME	MARTIN, DAVID F	
STREET ADDRESS	2245 OAK RIDGE ROAD	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SUNDHEIN, FREDERICK G JR	
STREET ADDRESS	47 SW RIVERWAY BLVD	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VAROLI, STEVEN F	
STREET ADDRESS	3133 BERRY AVENUE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RAFFERTY, TERESA C	
STREET ADDRESS	4700 SW COUNTRY PL	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	S	<input type="checkbox"/> Delete
NAME	HUDSON, BRUCE D	
STREET ADDRESS	5607 PALMETTO DRIVE	
CITY-ST-ZIP	FT PIERCE FL 34982	
TITLE		<input type="checkbox"/> Delete
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN B. GAUL	
STREET ADDRESS	6713 SW. LASSOO LN	
CITY-ST-ZIP	PALM CITY, FL. 34990	
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:

JOHN B. GAUL TREAS.

3-29-00

561-2834275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)