

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90037 027 *****70.00

DOCUMENT # N16438

1. Entity Name

VIETNAM VETERANS OF NORTHWEST FLORIDA, INC.

Principal Place of Business

2148 DELANO STREET
 PENSACOLA FL 32505

Mailing Address

P.O. BOX 3796
 PENSACOLA FL 32506

2. Principal Place of Business

5800 LILLIAN HWY
 Suite, Apt. #, etc.

3. Mailing Address

PO BOX 17886
 Suite, Apt. #, etc.

City & State

PENSACOLA

City & State

PENSACOLA

4. FEI Number

59-2963633

Applied For

Not Applicable

Zip

32506

Country

USA

Zip

32522

Country

USA

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DAVIS, WILLIAM
 8026 MOBILE HWY
 PENSACOLA FL 32526

7. Name and Address of New Registered Agent

Name

John E. Pritchard

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

407 Seamarge Lane

City

Pensacola,

FL

Zip Code

32507

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SHOOK, CHARLES	
STREET ADDRESS	2722 KAPLER AVE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KILAR, GLENN S	
STREET ADDRESS	3205 KINARD ST	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROY, DONNA	
STREET ADDRESS	5029 MIDAS RD	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	TD	<input type="checkbox"/> Delete
NAME	AMEY, NANCY	
STREET ADDRESS	6001 FAIRVIEW DR.	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pritchard, John E	
STREET ADDRESS	407 Seamarge Ln	
CITY-ST-ZIP	Pensacola, FL 32507	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sanders, Pauline	
STREET ADDRESS	519 Tampico Way	
CITY-ST-ZIP	Pensacola, FL 32506	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davis, William	
STREET ADDRESS	8026 Mobile Hwy	
CITY-ST-ZIP	Pensacola, FL 32526	
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 E. Pritchard

2/23/01 850.436.4480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)