

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42935

1. Entity Name

VIETNAM VETERANS OF AMERICA, INC. CHAPTER #562 D

Principal Place of Business

6214 CEDAR GLEN DRIVE
WESLEY CHAPEL FL 33544

Mailing Address

6214 CEDAR GLEN DRIVE
WESLEY CHAPEL FL 33544-3644

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3045404

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMBERT, THOMAS
39040 S. AVENUE
ZEPHYRHILLS FL 33540

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

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 type="checkbox"/> Delete
NAME	BEECHER, GERRY	
STREET ADDRESS	14615 SCHARBER ROAD	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JONES, CHARLES	
STREET ADDRESS	35040 PROSPECT RD	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	STD	<input type="checkbox"/> Delete
NAME	EDDINGS, ROBERT L	
STREET ADDRESS	6214 CEDAR GLEN DRIVE	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	LAMBERT, THOMAS	
STREET ADDRESS	39040 S AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	STD	<input type="checkbox"/> Delete
NAME	EDDINGS, ROBERT L.	
STREET ADDRESS	6214 CEDAR GLEN DR	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE	CD	<input type="checkbox"/> Delete
NAME	POPPY, TOM	
STREET ADDRESS	12810 LINDEN DR	
CITY-ST-ZIP	SPRING HILL FL 34609	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	Spring Hill, FL
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90077 024 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

4-3-2000 (813) 973-0640