

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90543 001 ****61.25

0056919

DOCUMENT # N42935

1. Entity Name

VIETNAM VETERANS OF AMERICA, INC. CHAPTER #562 D

Principal Place of Business

Mailing Address

**6214 CEDAR GLEN DRIVE
WESLEY CHAPEL FL 33544****6214 CEDAR GLEN DRIVE
WESLEY CHAPEL FL 33544****814751**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3045404

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

**LAMBERT, THOMAS
39040 S. AVENUE
ZEPHYRHILLS FL 33540**

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
NAME BEECHER, GERRY
STREET ADDRESS 14615 SCHARBER ROAD
CITY-ST-ZIP DADE CITY FL 33525 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE VD
NAME JONES, CHARLES
STREET ADDRESS 35040 PROSPECT RD
CITY-ST-ZIP DADE CITY FL 33525 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE STD
NAME EDDINGS, ROBERT L
STREET ADDRESS 6214 CEDAR GLEN DRIVE
CITY-ST-ZIP WESLEY CHAPEL FL 33544 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE CD
NAME LAMBERT, THOMAS
STREET ADDRESS 39040 S AVE
CITY-ST-ZIP SPRING HILL FL 33540 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE STD
NAME EDDINGS, ROBERT L
STREET ADDRESS 6214 CEDAR GLEN DR
CITY-ST-ZIP WESLEY CHAPEL FL 33544 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE CD
NAME POPPY, TOM
STREET ADDRESS 12810 LINDEN DR
CITY-ST-ZIP SPRING HILL FL 34609 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Robert L. Eddings, 2-19-2001**
Date Daytime Phone #

CR2E037 (10/00)