

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004428

1. Entity Name

VIETNAM VETERANS OF AMERICA, INC. CHAPTER #680 P

**FILED**  
**Jul 20, 2000 8:00 am**  
**Secretary of State**

07-20-2000 90013 050 \*\*\*558.75

Principal Place of Business

P.O. BOX 30606  
 PALM BEACH GARDENS FL 33420  
 33

Mailing Address

P.O. BOX 30606  
 PALM BEACH GARDENS FL 33420  
 33

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0435755

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

HARDING, JEROME S  
 6701 MALLARDS COVE RD., APT. 9E  
 JUPITER FL 33458

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**  
**After September 13, 2000 min. will be \$236.25**

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 ☐ Delete  
 NAME **PD**  
 STREET ADDRESS HARDING, JEROME S  
 CITY-ST-ZIP 6701 MALLARDS COVE RD., APT. 9E  
 JUPITER FL 33458

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME SD  
 STREET ADDRESS HESSELBROCK, JON T  
 CITY-ST-ZIP 3330-B MERIDIAN WAY, S.  
 PALM BEACH GARDENS FL 33410

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME DT  
 STREET ADDRESS GOODELL, MARC  
 CITY-ST-ZIP 6436 B CHASEWOOD DR.  
 JUPITER FL 33458

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **UP, D**  
 STREET ADDRESS **ROSEMARY FAHRENKRUG**  
 CITY-ST-ZIP **6X30193**  
**Palm Beach Gchs, FL 33410**

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition  
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TITLE ☐ Delete  
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 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 12 Jul 00**

**561-743-8823**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)