

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004705

1. Entity Name

VIETNAM VETERANS OF PUTNAM COUNTY, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90033 004 ****61.25

Principal Place of Business

Mailing Address

YELVING ROAD
EAST PALATKA FL 32131

P.O. BOX 2527
PALATKA FL 32178-2527

2. Principal Place of Business

3. Mailing Address

YELVINGTON RD
Suite, Apt. #, etc.

P.O. Box 2527
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
EAST PALATKA

City & State
PALATKA, FL.

4. FEI Number
59-3209618

Applied For
Not Applicable

Zip
32131

Country
PUTNAM

Zip
32178

Country
PUTNAM

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

HOLMES, DONALD E
222 NORTH THIRD STREET
PALATKA FL 32177

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	P	<input type="checkbox"/> Delete
NAME	BUCKLAND, DANNY	
STREET ADDRESS	6804 SW 78TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	1VP	<input type="checkbox"/> Delete
NAME	WILLIAMS, DON	
STREET ADDRESS	104 BURLEIGH RD.	
CITY-ST-ZIP	POMONA PARK FL 32181	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	BOHANNON, RAY	
STREET ADDRESS	RT 1 BOX 3228	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TINDELL, MICHAEL	
STREET ADDRESS	P.O. BOX 703	
CITY-ST-ZIP	POMONA PARK FL 32181	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TINDELL, MIKE	
STREET ADDRESS	106 HILLCREST DR	
CITY-ST-ZIP	POMONA PARK FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRASSEL, DOUG	
STREET ADDRESS	RT 1 BOX 541	
CITY-ST-ZIP	PALATKA FL 32177	

TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DON	
STREET ADDRESS	104 BURLEIGH RD	
CITY-ST-ZIP	POMONA PARK FL 32181	
TITLE	1ST VICE PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABEZA, HERMAN	
STREET ADDRESS	P.O. BOX 906	
CITY-ST-ZIP	PALATKA, FL. 32177	
TITLE	2ND VICE PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOHANNON, RAY	
STREET ADDRESS	RT 1 BOX 3228	
CITY-ST-ZIP	PALATKA, FL. 32177	
TITLE	TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINDELL, MICHAEL	
STREET ADDRESS	P.O. BOX 703	
CITY-ST-ZIP	POMONA PARK, FL 32181	
TITLE	CLERK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, BILL	
STREET ADDRESS	P.O. BOX 2552	
CITY-ST-ZIP	PALATKA, FL. 32178	
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: MICHAEL J. TINDELL 4/3/00 (904) 825-3796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)