

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90002 022 *****61.25

DOCUMENT # N93000004705

1. Entity Name

VIETNAM VETERANS OF PUTNAM COUNTY, INC.

Principal Place of Business

**YELVINGTON ROAD
 EAST PALATKA FL 32131**

Mailing Address

**P.O. BOX 2527
 PALATKA FL 32178**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3209618**

Applied For

Not Applicable

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
 After September 12, 2001, 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 **1V CABEZA, HERMAN**
 STREET ADDRESS **PO BOX 906**
 CITY-ST-ZIP **PALATKA FL 32177**

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

TITLE ☒ Delete
 NAME **P WILLIAMS, DON**
 STREET ADDRESS **104 BURLEIGH RD.**
 CITY-ST-ZIP **POMONA PARK FL 32181**

TITLE ☐ Change ☒ Addition
 NAME **P EDWARDS, THOMAS F.**
 STREET ADDRESS **105 OAK GROVE DR.**
 CITY-ST-ZIP **PALATKA, FL. 32177**

TITLE ☐ Delete
 NAME **2V BOHANNON, RAY**
 STREET ADDRESS **RT 1 BOX 3228**
 CITY-ST-ZIP **PALATKA FL 32177**

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

TITLE ☐ Delete
 NAME **T TINDELL, MICHAEL**
 STREET ADDRESS **P.O. BOX 703**
 CITY-ST-ZIP **PAMONA PARK FL 32181**

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

TITLE ☐ Delete
 NAME **T CLARK, BILL**
 STREET ADDRESS **PO BOX 2552**
 CITY-ST-ZIP **PALATKA FL 32178**

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

TITLE ☐ Delete
 NAME **T BRASSEL, DOUG**
 STREET ADDRESS **RT 1 BOX 541**
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE ☐ Change ☐ 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: *Thomas F. Edwards* **THOMAS F. EDWARDS** 9/12/01

CR2E037 (5/01)