

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91064 021 \*\*\*\*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

**HOLMES, DONALD E  
222 NORTH THIRD STREET  
PALATKA FL 32177**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GORLON, ROGER</b>	
STREET ADDRESS	<b>P.O. BOX 249</b>	
CITY-ST-ZIP	<b>CRESCENT CITY FL 32112</b>	
TITLE	<b>1VP</b>	<input type="checkbox"/> Delete
NAME	<b>O'GRADY, JACK</b>	
STREET ADDRESS	<b>1603 CLEVELAND AVENUE</b>	
CITY-ST-ZIP	<b>PALATKA FL 32177</b>	
TITLE	<b>S-</b>	<input type="checkbox"/> Delete
NAME	<b>FULSHOR, DEBBIE</b>	
STREET ADDRESS	<b>272 SILVER LAKE ROAD</b>	
CITY-ST-ZIP	<b>PALATKA FL 32177</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SOLANA, RICHARD</b>	
STREET ADDRESS	<b>P.O. BOX 38</b>	
CITY-ST-ZIP	<b>SAN MATEO FL 32187</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>TINDELL, MICHAEL</b>	
STREET ADDRESS	<b>P.O. BOX 703</b>	
CITY-ST-ZIP	<b>POMONA PARK FL 32181</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BUCHANON, RAY</b>	
STREET ADDRESS	<b>RT 1 BOX 3228</b>	
CITY-ST-ZIP	<b>PALATKA FL 32177</b>	

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 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: *R. Richard Solana* 3/13/03 386-329-0109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)