

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003865

1. Entity Name

VIETNAM VETERANS OF AMERICA, INC., CHAPTER 706 N

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90110 020 ****61.25

Principal Place of Business

Mailing Address

3504 RADIO ROAD
NAPLES FL 34104
US

2984 55TH TERRACE SW
NAPLES FL 34116-8032



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

52-1876471

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

TRUELOVE, G.R.
2984 55TH TERRACE SW
NAPLES FL 34116

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	<input type="checkbox"/> Delete
NAME	HUDSON, CHARLES	
STREET ADDRESS	13300 TAMiami TR, #192	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PETERSEN, ROBERT A.	
STREET ADDRESS	9320 VANDERBILT DRIVE	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOWELL, RON	
STREET ADDRESS	4400 29TH PLACE S.W.	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	TD	<input type="checkbox"/> Delete
NAME	UNSWORTH, THOMAS G.	
STREET ADDRESS	3504 RADIO ROAD	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERALD RAY TRUELOVE	
STREET ADDRESS	2984 55th Terrace SW.	
CITY-ST-ZIP	NAPLES, FL 34116	
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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)