

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002771

1. Entity Name

VIETNAM VETERANS OF AMERICA, INC., CHAPTER #726

Principal Place of Business

POLK CORRECTIONAL INST.
10800 EVANS ROAD
POLK CITY FL 33868

Mailing Address

VVA CHAPTER 726
10800 EVANS ROAD
POLK CITY FL 33868

2. Principal Place of Business

POLK CORR. INST

Suite, Apt. #, etc.
10800 EVANS ROAD

3. Mailing Address

VVA CHAPTER 726

Suite, Apt. #, etc.
10800 EVANS ROAD

City & State
POLK CITY, FL 33868

City & State
POLK CITY, FL 33868

Zip
33868

Country
POLK

Zip
33868

Country
POLK

6. Name and Address of Current Registered Agent

FADDIS, TERRY
POLK CORRECTIONAL INST.
10800 EVANS ROAD
POLK CITY FL 33868

7. Name and Address of New Registered Agent

Name **Same as Block #6**

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 **Terry Faddis, Chapter 726, President**

January 6, 2001

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FADDIS, TERRY PCI 10800 EVANS ROAD, #053061 POLK CITY FL 33868	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUNN, CHARLES 10800 EVANS ROAD #721527 POLK CITY FL 33868	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SHADE, O'VER PCI 10800 EVANS ROAD, #087399 POLK CITY FL 33868	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRE MCCLURE, MICHAEL PCI 10800 EVANS ROAD #098970 POLK CITY FL 33868	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIXON, JAMES PCI 10800 EVANS ROAD #098970 POLK CITY FL 33868	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TEART, DAVE PCI 10800 EVANS ROAD #049905 POLK CITY FL 33868	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

RECEIVED
JAN 30 2001
ACCOUNTING

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Terry Faddis, Chapter 726, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 6, 2001

Date

Daytime Phone #

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90062 023 ****61.25

718228



DO NOT WRITE IN THIS SPACE

4. FEI Number **52-1910113** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

CR2E037 (10/00)