

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90001 044 \*\*\*\*61.25

0082714

**DOCUMENT # N95000002771**

1. Entity Name

**VIETNAM VETERANS OF AMERICA, INC., CHAPTER #726**  
**POLK CITY, FLORIDA**

Principal Place of Business

Mailing Address

**POLK CORRECTIONAL INST.**  
**10800 EVANS ROAD**  
**POLK CITY FL 33868**

**VVA CHAPTER 726**  
**10800 EVANS ROAD**  
**POLK CITY FL 33868**

2. Principal Place of Business

**Same as above**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**52-1910113**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
**Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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*  
 Signature, typed or printed name of registered agent and title if applicable.

**Terry Faddis, President Chapter 726**

(NOTE: Registered Agent signature required when reinstating)

**January 7, 2002**

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 ☐ Delete  
 NAME **P**  
 STREET ADDRESS **FADDIS, TERRY**  
 CITY-ST-ZIP **PCI 10800 EVANS ROAD, #053061**  
**POLK CITY FL 33868**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **DUNN, CHARLES**  
 CITY-ST-ZIP **10800 EVANS ROAD #721527**  
**POLK CITY FL 33868**

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

TITLE ☒ Delete  
 NAME **S**  
 STREET ADDRESS **SHADE, O'VER**  
 CITY-ST-ZIP **PCI 10800 EVANS ROAD, #087399**  
**POLK CITY FL 33868**

TITLE ☐ Change ☒ Addition  
 NAME **Secretary**  
 STREET ADDRESS **Armando Leon #100849**  
 CITY-ST-ZIP **PCI 10800 Evans Road**

TITLE ☐ Delete  
 NAME **TRE**  
 STREET ADDRESS **MCCLURE, MICHAEL**  
 CITY-ST-ZIP **PCI 10800 EVANS ROAD #098970**  
**POLK CITY FL 33868**

TITLE ☐ Change ☐ Addition  
 NAME **Polk City, Fla 33868**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **D**  
 STREET ADDRESS **DIXON, JAMES**  
 CITY-ST-ZIP **PCI 10800 EVANS ROAD #098970**  
**POLK CITY FL 33868**

TITLE ☐ Change ☒ Addition  
 NAME **Chaplain**  
 STREET ADDRESS **Ronald Varner #072291**  
 CITY-ST-ZIP **PCI 10800 Evans Road**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **TEART, DAVE**  
 CITY-ST-ZIP **PCI 10800 EVANS ROAD #049905**  
**POLK CITY FL 33868**

TITLE ☐ Change ☐ Addition  
 NAME **Polk City, Fl 33868**  
 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)(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, when all changes are empowered.

**SIGNATURE: Terry Faddis, Chapter 726, President**

**January 7, 2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)