

# 2000. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002898

1. Entity Name

VIETNAM VETERANS OF AMERICA, INC. CHAPTER 761 OR

Principal Place of Business

Mailing Address

5344 LAKE UNDERHILL RD  
ORLANDO FL 32807-1658

P.O. BOX 570237  
ORLANDO FL 32857-0237

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

59-3394578

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

SWOSZOWSKI, RICHARD H  
5344 LAKE UNDERHILL RD  
ORLANDO FL 32807

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 ☐ Delete  
NAME RICHARD,  
STREET ADDRESS 5344 LAKE UNDERHILL RD  
CITY-ST-ZIP ORLANDO FL 32807

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

TITLE VD ☒ Delete  
NAME SHARER, RALPH  
STREET ADDRESS 3147 ASH LOOP RD  
CITY-ST-ZIP WINTER PARK FL 32792

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS NONE  
CITY-ST-ZIP

TITLE STD ☒ Delete  
NAME CONLON, BEVERLEY  
STREET ADDRESS 433 HIDDEN LOOP RD  
CITY-ST-ZIP FERN PARK FL 32730

TITLE Secretary/Treasurer ☒ Change ☐ Addition  
NAME Ronald Maury  
STREET ADDRESS 3148 Bridgeford Dr  
CITY-ST-ZIP Orlando, FL 32812

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Richard H Swoszowski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00 407-277-5392  
Date Daytime Phone #

FILED  
Jan 19, 2000 8:00 am  
Secretary of State

01-19-2000 90060 001 \*\*\*\*\*8.75

01-19-2000 90060 002 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

MAX 196

CR2E037 (9/99)