

3/1/01

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

03-01-2001 90035 042 *****70.00

DOCUMENT # N96000002898

1. Entity Name

VIETNAM VETERANS OF AMERICA, INC. CHAPTER 761 OR

Principal Place of Business

5344 LAKE UNDERHILL RD
ORLANDO FL 32807-1658

Mailing Address

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

Richard H Swoszowski

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

(NOTE: Registered Agent signature required when reissuing)

1-25-01

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPPD
RICHARD,
5344 LAKE UNDERHILL RD
ORLANDO FL 32807☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPVD
SHARER, RALPH
3147 ASH LOOP RD
WINTER PARK FL 32790☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPPRESIDENT AVVA
DONNA JEAN MAURY
3148 BRIDGEFORD DR. VD
ORLANDO FL 32812☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPST
MAURY, RONALD
3148 BRIDGEFORD DR
ORLANDO FL 32812☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPSECRETARY/TREASURER
RONALD W MAURY
3148 BRIDGEFORD DR.
ORLANDO FL 32812☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

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 President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CCE037 (10/00)