

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006015

1. Entity Name

VIETNAM VETERANS OF POLK COUNTY, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90035 019 ****61.25

Principal Place of Business 5555 FRANCIS PIPKIN RD LAKELAND FL 33813	Mailing Address 5555 FRANCIS PIPKIN RD LAKELAND FL 33813-2627
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2. Principal Place of Business 1375 ARIANA ST. Suite, Apt. #, etc.	3. Mailing Address 3668 JOSHUA LN Suite, Apt. #, etc.
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City & State LAKE LAND, FL	City & State LAKE LAND, FL
Zip 8A	Zip 33813
Country POLK	Country POLK



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3498777	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARTLIDGE, ANTHONY
 5555 FRANCIS PIPKIN RD
 LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name: JOE GLOSSICK
 Street Address (P.O. Box Number is Not Acceptable)
 3668 JOSHUA LN
 City: LAKE LAND FL Zip Code: 33813

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]* Date: 5-4-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARTLIDGE, ANTHONY 5555 FRANCIS PIPKIN RD LAKELAND FL 33813 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GLOSSICK, JOE 3668 JOSHUA LANE LAKELAND FL 33813 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WARD, DON 1149 EAST LAKE PARKER DRIVE LAKELAND FL 33801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEROSS, DELVIN 4805 HAMILTON RD LAKELAND FL 33811 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	PD <input checked="" 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

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]* Date: May 4 2000 863-534-4698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/9)