

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000185

1. Entity Name

PHOENIX PROJECT, VIETNAM VETERANS OUTREACH COAL



Principal Place of Business

628 WILLIAM ST.
KEY WEST FL 33040

Mailing Address

P.O. BOX 236
KEY WEST FL 33041

2. Principal Place of Business

5031, 5TH AVE

Suite, Apt. #, etc.

LOT B-1

CITY & STATE
KEY WEST, FL

Zip
33040

Country
USA

3. Mailing Address

5031, 5TH AVE

Suite, Apt. #, etc.

LOT B-1

CITY & STATE
KEY WEST, FL

Zip
33040

Country
USA

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

09-08-2000 90007 031 ****70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0817092

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLLINS, WILLIE G
C/O SAN CARLOS INSTITUTE
516 DUVAL ST.
KEY WEST FL 33040

7. Name and Address of New Registered Agent

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.

Willie G. COLLINS

SIGNATURE *Willie G. Collins, PRESIDENT*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-4-00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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 COLLINS, BILL 516 DUVAL ST. KEY WEST FL 33040	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHIFF, JON LTC 3146 NORTHSIDE DR. KEY WEST FL 33040	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAIS, JOSEPH 1113 CATERINE ST. KEY WEST FL 33040	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, RONALD 516 DUVAL ST. KEY WEST FL 33040	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COOK, RANDALL G 628 WILLIAM ST. KEY WEST FL 33040	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULER, DOUGLAS 1325 DOUGLAS CIR. KEY WEST FL 33040	<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 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

D
JAMES ARONLD
516 DUVAL ST
KEY WEST, FL 33040

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: *Willie G. Collins, PRESIDENT*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-4-00 305 294-4884

Date

Daytime Phone #

CR2E037 (5/00)