

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90361 009 ****61.25

DOCUMENT # N98000000506

1. Entity Name

VIETNAM VETERANS OF AMERICA, INC. CHAPTER 792-BO
CA RATON, FL

Principal Place of Business

Mailing Address

1170 S.W. 1ST WAY
BOCA RATON FL 33486

P O BOX 4493
BOCA RATON FL 33429

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

65-0821229

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

LOFF, LONNIE M
1170 S.W. 1ST WAY
BOCA RATON FL 33486

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CLARKE, RICHARD W
128 SE 5TH AVE
DEERFIELD BCH FL 33441 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ADLER, JOHN
8694 INDIAN RIVER RUN
BOYNTON BCH FL 33437 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JOHNSON, RUSSELL E
4478 NW 5TH AVE
BOCA RATON, FL 33431 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LOFF, LONNIE M
1170 S.W. 1ST WAY
BOCA RATON FL 33486 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Delete

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-02 561-706-9977

Date Daytime Phone #

CR2E037 (9/01)