

2000 UNIFORM BUSINESS REPORT (UBR)

5/1/

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

DOCUMENT # N98000005990

1. Entity Name

VIETNAM VETERANS OF AMERICA, INC. CHAPTER 814-OC

Principal Place of Business

**52 NEVERBEND DR.
 Ocala FL 34482**

Mailing Address

**52 NEVERBEND DR.
 Ocala FL 34482-3523**

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

59-3524151
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MANNIN, THOMAS F
 52 NEVERBEND DR.
 Ocala FL 34482**

7. Name and Address of New Registered Agent

Name **RANDY COLLINS**

Street Address (P.O. Box Number is Not Acceptable)

5560 SE 41 ST

City **OCALA**

FL

Zip Code

34471

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)

4-17-00

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MANNIN, THOMAS F	
STREET ADDRESS	52 NEVERBEND DR.	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, JAMES F	
STREET ADDRESS	52 NEVERBEND DR.	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITTIER, HANK	
STREET ADDRESS	52 NEVERBEND DR.	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	D	<input type="checkbox"/> Delete
NAME	MESKIN, PHILLIP	
STREET ADDRESS	52 NEVERBEND DR.	
CITY-ST-ZIP	OCALA FL 34482	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDY COLLINS	
STREET ADDRESS	5560 SE 41 ST	
CITY-ST-ZIP	OCALA FL 34480	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM C. HERCHAM	
STREET ADDRESS	5935 NE 65TH ST	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

352 236 2711
 Daytime Phone #