

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90138 046 ****61.25

DOCUMENT # N99000001360

1. Entity Name

VIETNAM HELICOPTER AIRCREW MUSEUM, INC.



010424

Principal Place of Business

Mailing Address

825 SEVERN STREET
 TAMPA FL 33606

825 SEVERN STREET
 TAMPA FL 33606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3564354

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAPIN, JUDD V
6346 BAHAMA SHORES DRIVE
ST PETERSBURG FL 33705

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DC	<input type="checkbox"/> Delete
NAME	CHAPIN, JUDD V	
STREET ADDRESS	6346 BAHAMA SHROES DR	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BASTA, JAMES M	
STREET ADDRESS	4612 CLOVER LAWN DR.	
CITY-ST-ZIP	TAMPA FL 33642	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HEUER, MARTIN	
STREET ADDRESS	5402 BEAUMONT CENTER BLVD., SUITE 102	
CITY-ST-ZIP	TAMPA FL 33634-5292	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ANTROSS, RICHARD C	
STREET ADDRESS	2208 CHEROKEE TRAIL	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	DS	<input type="checkbox"/> Delete
NAME	NAGEL, HERBERT W	
STREET ADDRESS	1708 ORANGE HILL DRIVE	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE		<input type="checkbox"/> Delete
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
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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)(l), 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

8-15-02

813251-6976

CR2E037 (4/02)