

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90196 044 ****61.25

DOCUMENT # N99000001360

1. Entity Name
VIETNAM HELICOPTER AIRCREW MUSEUM, INC.

Principal Place of Business: **825 SEVERN STREET TAMPA FL 33606**
Mailing Address: **825 SEVERN STREET TAMPA FL 33606**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3564354** Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CHAPIN, JUDD V
6346 BAHAMA SHORES DRIVE
ST PETERSBURG FL 33705**

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

SIGNATURE: JUDD V. CHAPIN
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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DC NAME: CHAPIN, JUDD V STREET ADDRESS: 6346 BAHAMA SHROES DR CITY-ST-ZIP: ST PETERSBURG FL 33705	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DP NAME: BASTA, JAMES M STREET ADDRESS: 4612 CLOVER LAWN DR. CITY-ST-ZIP: TAMPA FL 33642	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DV NAME: HEUER, MARTIN STREET ADDRESS: 5402 BEAUMONT CENTER BLVD., SUITE 102 CITY-ST-ZIP: TAMPA FL 33634-5292	<input type="checkbox"/> Delete	TITLE: (DIRECTOR) DD NAME: HEUER, MARTIN STREET ADDRESS: 5402 BEAUMONT CENTER BLVD., SUITE 102 CITY-ST-ZIP: TAMPA FL 33634-5292	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DT NAME: ANTROSS, RICHARD C STREET ADDRESS: 2208 CHEROKEE TRAIL CITY-ST-ZIP: VALRICO FL 33594	<input type="checkbox"/> Delete	TITLE: (DIRECTOR) DD NAME: ANTROSS, RICHARD C. STREET ADDRESS: 2208 CHEROKEE TRAIL CITY-ST-ZIP: VALRICO, FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DS NAME: NAGEL, HERBERT W STREET ADDRESS: 1708 ORANGE HILL DRIVE CITY-ST-ZIP: BRANDON FL 33510	<input type="checkbox"/> Delete	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"/> Delete	TITLE: (TREASURER) DT NAME: MULLHOLLAND, KENNETH S. STREET ADDRESS: 16709 SHEFFIELD PARK DR. CITY-ST-ZIP: LUTZ, FL 33549	<input checked="" type="checkbox"/> Change <input checked="" 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: KENNETH S. MULLHOLLAND 5/12/03 813-949-3359

CR2E037 (10/02)