

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002733

1. Entity Name

VIETNAM VETERANS OF AMERICA, INC., CHAPTER #826-

Principal Place of Business

Mailing Address

614 FLIGHT AVE.
PANAMA CITY FL 32404

614 FLIGHT AVE.
PANAMA CITY FL 32404-6024

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

59-3581459

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

Name

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

City

FL

Zip Code

FAGOT, EDWARD H
614 FLIGHT AVE.
PANAMA CITY FL 32404

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

Edward H. Fagot, President

(NOTE: Registered Agent signature required when reinstating)

Edward H. Fagot

DATE

Jan 7, 2000

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 D ☐ Delete
NAME FAGOT, EDWARD H
STREET ADDRESS 614 FLIGHT AVE.
CITY-ST-ZIP PANAMA CITY FL 32404

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

TITLE D ☐ Delete
NAME OLTE, FRED
STREET ADDRESS 614 FLIGHT AVE.
CITY-ST-ZIP PANAMA CITY FL 32404

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

TITLE D ☐ Delete
NAME WALSH, JOSEPH L
STREET ADDRESS 614 FLIGHT AVE.
CITY-ST-ZIP PANAMA CITY FL 32404

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

TITLE D ☐ Delete
NAME NEWBERRY, DAWN E
STREET ADDRESS 614 FLIGHT AVE.
CITY-ST-ZIP PANAMA CITY FL 32404

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Edward H. Fagot, President Chapter 826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAN 7, 2000

850-873-994

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90025 022 ****70.00



DO NOT WRITE IN THIS SPACE