

2001 UNIFORM BUSINESS REPORT (UBR)

1/12/01

FILED

Feb 09, 2001 8:00 am
Secretary of State

01-12-2001 90036 009 *****61.25

DOCUMENT # N99000002733

1. Entity Name

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

Principal Place of Business

614 FLIGHT AVE.
PANAMA CITY FL 32404

Mailing Address

614 FLIGHT AVE.
PANAMA CITY FL 32404

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

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

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

Edward H. Fagot

Signature, typed or printed name of registered agent (if applicable).

(NOTE: Registered Agent signature required when reinstating)

Jan. 2, 2001

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 P	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAGOT, EDWARD H	NAME	
STREET ADDRESS	614 FLIGHT AVE.	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32404	CITY-ST-ZIP	
TITLE ✓	D <input checked="" type="checkbox"/> Delete	TITLE ✓	Jon R. Fillinger D V. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLTE, FRED	NAME	119 Kimberly Circle
STREET ADDRESS	614 FLIGHT AVE.	STREET ADDRESS	Callaway, Florida 32404
CITY-ST-ZIP	PANAMA CITY FL 32404	CITY-ST-ZIP	
TITLE T	D <input checked="" type="checkbox"/> Delete	TITLE T	RAY D. BALDINO D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, JOSEPH L	NAME	5048 E. Hwy 98
STREET ADDRESS	614 FLIGHT AVE.	STREET ADDRESS	PARKER, Florida 32404
CITY-ST-ZIP	PANAMA CITY FL 32404	CITY-ST-ZIP	
TITLE S	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWBERRY, DAWN E	NAME	
STREET ADDRESS	614 FLIGHT AVE.	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32404	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 2, 2001 850-873-7777

DATE

Daytime Phone #

CR2E037 (10/00)