

2000 UNIFORM BUSINESS REPORT (UBR)

0057647

DOCUMENT # N99000003220

1. Entity Name

VETERANS ASSISTANCE FOUNDATION INC.

APPROVED
AND
FILED

00 MAY 16 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~4631 86TH AVE. N.
PINELLAS PARK FL 33782~~

~~P.O. BOX 265
PINELLAS PARK FL 33780-0265~~

↓ *Changed* ↓

2. Principal Place of Business

3. Mailing Address

1021 NE 41st Ave

1021 NE 41st Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ocala Florida

City & State
Ocala, Florida

Zip
34470

Country
Marion

Zip
34470

Country
Marion

4. FEI Number

59-3578364

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

~~DAY, TIM
4631 86TH AVE. N.
PINELLAS PARK FL 33782~~

DAY TIM
1021 NE 41st Ave
Ocala, Florida 34470

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

Tim Day President

5/1/2000

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☐ Delete
NAME Tim Day
STREET ADDRESS 1021 NE 41st Ave
CITY-ST-ZIP Ocala, FL 34470

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

TITLE Vice President ☐ Delete
NAME Donna Day
STREET ADDRESS 1021 NE 41st Ave
CITY-ST-ZIP Ocala, FL 34470

TITLE Vice President ☐ Change ☒ Addition
NAME Donna Day
STREET ADDRESS 1021 NE 41st Ave
CITY-ST-ZIP Ocala, Florida 34470

TITLE Treasurer ☐ Delete
NAME Peter Luciani
STREET ADDRESS 3935 NE 47th St.
CITY-ST-ZIP Ocala, Florida 34479

TITLE Treasurer ☐ Change ☒ Addition
NAME Peter Luciani
STREET ADDRESS 3935 NE 47th St
CITY-ST-ZIP Ocala, Florida 34479

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

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:

Tim Day - President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352) 236-2833

CR2E037 (9/99)