

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90056 022 ****70.00

0028600

DOCUMENT # 723017

1. Entity Name

**NAVY LEAGUE OF THE UNITED STATES, FORT LAUDERDAL
 E COUNCIL, INC.**

Principal Place of Business

Mailing Address

**C/O ROSEMARIE DEZOLT
 2161 NE 55TH CT
 FT. LAUDERDALE FL 33308
 US**

**2161 NE 55TH CT
 FT. LAUDERDALE FL 33308
 US**

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

59-1412425

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

**DEZOLT, ROSEMARIE
 2161 NE 55TH CT
 FT. LAUDERDALE FL 33308**

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

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: **D** Delete
 NAME: **PEARSON, NELS R**
 STREET ADDRESS: **3100 NE 49TH ST 506**
 CITY-ST-ZIP: **FORT LAUDERDALE FL 33308**

TITLE: Change Addition
 NAME: **Madzinski** Change Addition
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **TD** Delete
 NAME: **MADZIRSKI, MACK E III**
 STREET ADDRESS: **1201 S.W. 63RD AVENUE**
 CITY-ST-ZIP: **PLANTATION FL 33317**

TITLE: Change Addition
 NAME: **Madzinski** Change Addition
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **VD** Delete
 NAME: **DINUAZIO, NICHOLAS**
 STREET ADDRESS: **1390 S OCEAN BLVD 5D**
 CITY-ST-ZIP: **POMPANO BEACH FL 33062**

TITLE: **PD** Change Addition
 NAME: **Dinunzio Nicholas** Change Addition
 STREET ADDRESS: **1390 S. Ocean Blvd 5D**
 CITY-ST-ZIP: **Pompano Beach, FL 33062**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **VD** Change Addition
 NAME: **Gore, Laurence D** Addition
 STREET ADDRESS: **2400 E Commercial Blvd # 709**
 CITY-ST-ZIP: **Ft Lauderdale, FL 33308**

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/8/02** Daytime Phone #: **954-485-4488**

CR2E037 (9/01)