

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731937

1. Entity Name

ST. VINCENT CATHOLIC MEN'S CLUB, INCORPORATED, O

Principal Place of Business

6199 NW 10TH STREET  
MARGATE FL 33063

Mailing Address

1700 NW 65TH AVE  
MARGATE FL 33063-2613  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SCHWEITZER, FRED  
1700 NW 65TH AVE  
MARGATE FL 33063

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.

SIGNATURE *Fred Schweitzer*  
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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, ROBERT	
STREET ADDRESS	7306 NW 65TH STREET	
CITY-ST-ZIP	TAMARAC FL 33721	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOEFER, JOHN	
STREET ADDRESS	705 NW 74TH WAY	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	POPOVIC, RICH	
STREET ADDRESS	6066 WINFIELD BLVD	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	AMENDOLA, THOMAS	
STREET ADDRESS	6832 NW 3RD ST	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	MENDITTO, ANDREW	
STREET ADDRESS	1501 CATHEDRAL DRIVE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	MICHAEL, PAPA	
STREET ADDRESS	6795 NW 14TH PL	
CITY-ST-ZIP	MARGATE FL 33063	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMENDOLA, THOMAS J.	
STREET ADDRESS	6832 NW 3RD ST	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE BLAIR	
STREET ADDRESS	3632 COCO LAKE DR.	
CITY-ST-ZIP	COCONUT CR 33073	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPOVIC, RICH	
STREET ADDRESS	6066 WINFIELD BLVD.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Rich Popovic*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 26, 2000 8:00 am  
Secretary of State

05-26-2000 90086 031 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0623056  
Applied For ☐  
Not Applicable ☐

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

CR2E037 (9/99)

5-4-00 954-979-7832