

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90038 007 ****61.25

DOCUMENT # 731937

1. Entity Name

**ST. VINCENT CATHOLIC MEN'S CLUB, INCORPORATED, O
 F MARGATE, FLORIDA**

Principal Place of Business

Mailing Address

**6199 NW 10TH STREET
 MARGATE FL 33063**

**1700 NW 65TH AVE
 MARGATE FL 33063
 US**

963394

2. Principal Place of Business

3. Mailing Address

6009 NW 10th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MARGATE FL

City & State

4. FEI Number

65-0623056

Applied For

Not Applicable

33063

USA

Zip

Country

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

**SCHWEITZER, FRED
 1700 NW 65TH AVE
 MARGATE FL 33063**

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

4-24-02

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** ☐ Delete
 NAME **AMENDOLA, THOMAS J**
 STREET ADDRESS **6832 NW 3RD STREET**
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE **TREASURER - DIRECTOR** ☐ Change ☒ Addition
 NAME **William J Ford**
 STREET ADDRESS **1690 NW 66 TER**
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE **VP** ☐ Delete
 NAME **HOEFER, JOHN**
 STREET ADDRESS **705 NW 74TH WAY**
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **JOSEPH TINELLA**
 STREET ADDRESS **1620 NW 66 TER.**
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE **SD** ☐ Delete
 NAME **POPOVICH, RICH**
 STREET ADDRESS **6066 WINFIELD BLVD**
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **JAMES GATES**
 STREET ADDRESS **1501 NW 64th Ave**
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE **SD** ☒ Delete
 NAME **BLAIR, GEORGE A**
 STREET ADDRESS **3632 COCOLAKE DR**
 CITY-ST-ZIP **COCONUT CREEK FL 33073**

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

TITLE **D** ☒ Delete
 NAME **YOUNG, ROBERT D**
 STREET ADDRESS **7306 NW 65TH STREET**
 CITY-ST-ZIP **TAMARAC FL 33721**

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

TITLE **D** ☐ Delete
 NAME **MICHAEL, PAPA**
 STREET ADDRESS **6795 NW 14TH PL**
 CITY-ST-ZIP **MARGATE FL 33063**

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 11, 2002 954-971-8405

CR2E037 (9/01)