

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745727

1. Entity Name

AMERICAN VETERANS POST #2, AT TAMARAC, INC.

Principal Place of Business

Mailing Address

8116 N.W. 100 TERR.
IL. TALLEN AMERICAN CLUB
TAMARAC FL 33321

8116 N.W. 100 TERR.
TAMARAC FL 33321-1259

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 59-1835265

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

LOFORTE, MICHAEL
8116 N.W. 100 TERR.
TAMARAC FL 33321

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

TITLE CD
NAME GOULD, NORIA
STREET ADDRESS 9201 N.W. 64 ST
CITY-ST-ZIP TAMARAC FL 33321

☐ Delete

TITLE VCD
NAME CHESLAR, JOHN S
STREET ADDRESS 8741 N.W. 17TH PLACE
CITY-ST-ZIP PLANTATION FL

☐ Delete

TITLE T
NAME LOFORTE, MICHAEL
STREET ADDRESS 8116 N.W. 100 TERR.
CITY-ST-ZIP TAMARAC FL 33321-1259

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD
NAME CHESLAR, JOHN S.
STREET ADDRESS 8741 N.W. 17TH PLACE
CITY-ST-ZIP PLANTATION FL

☒ Change ☐ Addition

TITLE VCD
NAME BESOFFSKY, ALVIN
STREET ADDRESS 5570 N.W. 44 ST
CITY-ST-ZIP LAUDERDALE FL

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: *Michael Loforte*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-00

Date

954-7211435

Daytime Phone #

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90015 040 ****70.00



DO NOT WRITE IN THIS SPACE