

**DOCUMENT # 745727**  
1. Entity Name  
**AMERICAN VETERANS POST #2, AT TAMARAC, INC.**

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90090 016 \*\*\*\*75.00

Principal Place of Business  
**8116 N.W. 100 TERR.  
IL TALIEU AMERICAN CLUB  
TAMARAC FL 33321**

Mailing Address  
**8116 N.W. 100 TERR.  
TAMARAC FL 33321**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
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  
**LOFORTE, MICHAEL  
8116 N.W. 100 TERR.  
TAMARAC FL 33321**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	<b>VCD</b>	<input type="checkbox"/> Delete
NAME	<b>CHESLAR, JOHN S</b>	
STREET ADDRESS	<b>8741 N W 17TH PLACE</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	<b>VCD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BESOFSKY, ALVIN</b>	
STREET ADDRESS	<b>5570 N W 44TH ST</b>	
CITY-ST-ZIP	<b>LAUDERDALE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>LOFORTE, MICHAEL</b>	
STREET ADDRESS	<b>8116 N.W. 100 TERR.</b>	
CITY-ST-ZIP	<b>TAMARAC FL 33321-1259</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>C D MEDNICK, MORRIS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>8201 N.W. 101 AVE</b>	
STREET ADDRESS	<b>TAMARAC FL 33321-1259</b>	
CITY-ST-ZIP		
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		
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: MICHAEL LOFORTE **MICHAEL LOFORTE** 1/4/01 954-721-1435  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)