

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90061 002 ****61.25

DOCUMENT # 756032

1. Entity Name

HOLLYWOOD-BY-THE-SEA POST NO. 2500 VETERANS OF F

Principal Place of Business

Mailing Address

**814 SOUTH DIXIE HIGHWAY
HOLLYWOOD FL 33020**

**814 SOUTH DIXIE HIGHWAY
HOLLYWOOD FL 33020**

00044100

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0704137

Applied For

Not Applicable

Zip

Country

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

**MARCHECK, JOHN W.
3318 TAFT ST
HOLLYWOOD 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DC** ☐ Delete
NAME **ERNEST R SANDMAN**
STREET ADDRESS **2519 SHERMAN ST**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **TD** ☐ Change ☒ Addition
NAME **O'NEILL, JOSEPH**
STREET ADDRESS **415 SE 11TH TERR.**
CITY-ST-ZIP **DANIA BEACH FL 33004**

TITLE **TD** ☒ Delete
NAME **MARCHECK, JOHN W**
STREET ADDRESS **3318 TAFT ST**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

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

TITLE **SDC** ☐ Delete
NAME **JOHN T DILLON**
STREET ADDRESS **2200 MONROE ST #3**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

JOSEPH O'NEILL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/01
Date

923-4748
Daytime Phone #

CR2E037 (10/00)