

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42968

1. Entity Name

AMVETS DADE-BROWARD MEMORIAL POST 11, INC.

Principal Place of Business

15299 NE 12TH AVE.
NORTH MIAMI BEACH FL 33162-5844

Mailing Address

15299 NE 12TH AVE.
NORTH MIAMI BEACH FL 33162-5844

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

NOT APPLICABLE

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

CAPUTO, DANIEL J
15299 NE 12TH AVE
N MIAMI BEACH FL 33162-5844

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

Daniel J Caputo

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 D
NAME CAPUTO, DANIEL J.
STREET ADDRESS 15299 N.E. 12TH AVENUE
CITY-ST-ZIP N. MIAMI BEACH FL 33162-5844 ☐ Delete

TITLE A
NAME CHIPMAN, NOLAN P
STREET ADDRESS PO BOX 016155
CITY-ST-ZIP MIAMI FL 33101 ☐ Delete

TITLE SO
NAME MENIN, STANLEY S
STREET ADDRESS 1301 NE 191ST ST #417
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 ☐ Delete

TITLE T
NAME SHULTZ, JAMES M
STREET ADDRESS 6736 PANSY DR
CITY-ST-ZIP MIRAMAR FL 33023 ☐ Delete

TITLE T
NAME SMITH, ROBERT L
STREET ADDRESS 1925 NE 124TH ST
CITY-ST-ZIP NORTH MIAMI FL 33181 ☐ Delete

TITLE C
NAME DENNIS, EDWIN
STREET ADDRESS 1454 WEST 72ND STREET
CITY-ST-ZIP HIALEAH FL 33014 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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CITY-ST-ZIP

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

Date

Daytime Phone #

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

01-12-2000 90096 003 ****70.00



DO NOT WRITE IN THIS SPACE