

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # N42968**

1. Entity Name

**AMVETS DADE-BROWARD MEMORIAL POST 11, INC.**

Principal Place of Business

Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CAPUTO, DANIEL J.</b>	
STREET ADDRESS	<b>15299 N.E. 12TH AVENUE</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33162-5844</b>	
TITLE	<b>A</b>	<input type="checkbox"/> Delete
NAME	<b>CHIPMAN, NOLAN P</b>	
STREET ADDRESS	<b>PO BOX 016155</b>	
CITY-ST-ZIP	<b>MIAMI FL 33101</b>	
TITLE	<b>SO</b>	<input type="checkbox"/> Delete
NAME	<b>MENIN, STANLEY S</b>	
STREET ADDRESS	<b>1301 NE 191ST ST #417</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33179</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SHULTZ, JAMES M</b>	
STREET ADDRESS	<b>6736 PANSY DR</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33023</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, ROBERT L</b>	
STREET ADDRESS	<b>1925 NE 124TH ST</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33181</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>DENNIS, EDWIN</b>	
STREET ADDRESS	<b>1454 WEST 72ND STREET</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33014</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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:** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #