

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90083 025 \*\*\*\*70.00

0025827

**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

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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, Finance Officer, Adjutant**

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE **Commander (President)**  Change  Addition  
 NAME **Santiago, Frank**  
 STREET ADDRESS **1640 NE 137th Terrace**  
 CITY-ST-ZIP **North Miami, FL 33181**

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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)(f), 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:

*Daniel J. Caputo*

**Daniel J. Caputo,**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)