

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000947

1. Entity Name

UNITED VETERANS ADVISORY COUNCIL-OF PALM-BEACH C

Principal Place of Business

1010 JASMINE DR
LAKE PARK FL 33403

Mailing Address

1010 JASMINE DR
LAKE PARK FL 33403-2152
US

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
65-0426172

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LUTIN, JACK J.
3826 WHITE HALL DR
APT 104
WEST PALM BEACH FL 33401

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 D ☐ Delete
NAME LUTIN, JACK
STREET ADDRESS 3826 WHITE HALL DR
CITY-ST-ZIP WEST PALM BEACH FL

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

TITLE D ☐ Delete
NAME PALKOVIC, GERALDINE
STREET ADDRESS 102 E TIFFANY DR., #3
CITY-ST-ZIP MAGNOLIA PARK FL

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

TITLE D ☐ Delete
NAME MATTIOLA, CARL
STREET ADDRESS 3584 A WILDWOOD
CITY-ST-ZIP LAKE PARK FL

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

TITLE D ☐ Delete
NAME BASIST, E STANLEY
STREET ADDRESS 8551 SE FEDERAL HWY APT #1
CITY-ST-ZIP STUART FL 34997

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TREASURER

2/1/00

STANLEY BASIST

561/881-3006

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90068 041 ****61.25

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DO NOT WRITE IN THIS SPACE