

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90081 013 ****61.25

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DOCUMENT # N96000000947

1. Entity Name

UNITED VETERANS ADVISORY COUNCIL OF PALM BEACH C

Principal Place of Business

Mailing Address

1010 JASMINE DR
 LAKE PARK FL 33403

1010 JASMINE DR
 LAKE PARK FL 33403
 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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **CARL MATTIOLI**

Street Address (P.O. Box Number is Not Acceptable)
3564-A WILDWOOD FOREST COURT

City **LAKE PARK**

FL

Zip Code
33403

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 *Carl Mattioli*
 Signature, typed or printed name of registered agent and title if applicable.

Carl Mattioli
 (NOTE: Registered Agent signature required when reinstating)

1-5-01
 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 ☐ Addition
 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 ☒ Addition
 NAME **TREASURER T/S**
 STREET ADDRESS **SHARON HILDEBRANDT**
 CITY-ST-ZIP **3529 SAPPHIRE ROAD LANTANA, FL 33462**

TITLE **D** ☐ Delete
 NAME **MATTIOLA, CARL**
 STREET ADDRESS **3564 A WILDWOOD**
 CITY-ST-ZIP **LAKE PARK FL**

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

TITLE **D** ☒ Delete
 NAME **BASIST, E STANLEY**
 STREET ADDRESS **6551 SE FEDERAL HWY APT #1**
 CITY-ST-ZIP **STUART FL 34997**

TITLE ☐ Change ☒ Addition
 NAME **TREASURER A/C**
 STREET ADDRESS **WESLEY E. DICKMAN**
 CITY-ST-ZIP **7214 E. OAKRIDGE CIRCLE, #230 LANTANA, FL 33462**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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: *Carl Mattioli*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2001

(561) 625-3083

Date

Daytime Phone #

CR2E037 (10/00)