2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State
01-28-2002 90010 015 ****61.25

72198

DO NOT WRITE IN THIS SPACE

DOCUMENT # N96000000947

1. Entity Name

UNITED VETERANS ADVISORY COUNCIL OF PALM BEACH C OUNTY, INCORPORATED

Principal Place of Business	Mailing Address
1010 JASMINE DR LAKE PARK FL 33403	1010 JASMINE DR LAKE PARK FL 33403

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

MATTIOLI, CARL
3564-A WILDWOOD FOREST COURT
WEST PALM BEACH FL 33403

7. Name and Address of New Registered Agent

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 Carl Mattioli 1-11-02
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	☐ Delete
NAME	LUTIN, JACK	
STREET ADDRESS	3826 WHITE HALL DR	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	☒ Delete
NAME	PALKOVIC, GERALDINE	
STREET ADDRESS	102 E TIFFANY DR., #3	
CITY-ST-ZIP	MAGNOLIA PARK FL	
TITLE	D	☐ Delete
NAME	MATTIOLA, CARL	
STREET ADDRESS	3564 A WILDWOOD	
CITY-ST-ZIP	LAKE PARK FL	
TITLE	D	☒ Delete
NAME	BASIST, E STANLEY	
STREET ADDRESS	6551 SE FEDERAL HWY APT #1	
CITY-ST-ZIP	STUART FL 34997	
TITLE	SecTy-TReasurer	☐ Delete
NAME	MARY Kosinski	
STREET ADDRESS	253 FALL Circle	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

CR2E037 (9/01)

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 SEC CARL MATTIOLI 1-11-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #