

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 23, 2001 8:00 am**  
**Secretary of State**

03-23-2001 90001 017 \*\*\*\*70.00

**DOCUMENT # N99000005330**

1. Entity Name

**BROWARD COUNTY VETERANS LIVING MUSEUM, INC.**

Principal Place of Business

**800 A N.E. 45TH STREET  
FORT LAUDERDALE FL 33334**

Mailing Address

**800 A N.E. 45TH STREET  
FORT LAUDERDALE FL 33334**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0950418**

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

**PUGLIESE, FRANK  
800 A N.E. 45TH STREET  
FORT LAUDERDALE FL 33334**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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

TITLE **TD** ☐ Delete  
NAME **PUGLIESE, FRANK**  
STREET ADDRESS **800 A N.E. 45TH STREET**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**TITLE **D** ☐ Delete  
NAME **HANKERSON, HERBERT L**  
STREET ADDRESS **2311 NW 38TH AVENUE**  
CITY-ST-ZIP **LAUDERDALE LAKES FL 33311**TITLE **D** ☐ Delete  
NAME **ROSS, BRUCE R**  
STREET ADDRESS **2731 NW 108TH TERRACE**  
CITY-ST-ZIP **SUNRISE FL 33322**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: *Herbert L. Hankerson* 24 JAN 2001 771-0061**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)