

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90125 019 ****61.25

DOCUMENT # N000000000005

1. Entity Name

THE PULASKI LEGION OF AMERICAN-POLISH VETERANS AND AUXILIARY OF LAKE WORTH, INC.

Principal Place of Business

Mailing Address

**4725 LAKE WORTH RD.
LAKE WORTH FL 33463****521 N. RIVERSIDE DR.
APT. 601
POMPANO BEACH FL 33062**

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

65-1031019

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

**REKUC, WALTER S
5402 RED CYPRESS LANE
TAMARAC FL 33319**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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	DC	<input type="checkbox"/> Delete
NAME	MAZUR, TED	
STREET ADDRESS	2181 NE 1ST CT	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

TITLE	Commander	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lottie Piekara	
STREET ADDRESS	5786 Sunpointe Circle	
CITY-ST-ZIP	Boynton Beach, Fl. 33437	

TITLE	VC	<input type="checkbox"/> Delete
NAME	IVANUSYK, BRUNO	
STREET ADDRESS	4374 NW 9TH AVE BOX 311	
CITY-ST-ZIP	POMPANO BEACH FL 33064	

TITLE	Vice Commander	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ted Mazur	
STREET ADDRESS	2181 N. E. 1st Ct.	
CITY-ST-ZIP	Boynton Beach, Fl. 33435	

TITLE	DA	<input type="checkbox"/> Delete
NAME	LAWSON, MARY	
STREET ADDRESS	521 W. RIVERSIDE DR. APT. 601	
CITY-ST-ZIP	POMPANO BEACH FL 33062	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DT	<input type="checkbox"/> Delete
NAME	PICKARD, LOTTIE	
STREET ADDRESS	5786 SUNPOINTE CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bruno Ivanusyk	
STREET ADDRESS	4374 N. W. 9th Ave. (Box 272)	
CITY-ST-ZIP	Pompano Beach, Fl. 33064	

TITLE	JA	<input type="checkbox"/> Delete
NAME	HOLLINSWORTH, TED	
STREET ADDRESS	1127 SEMINOLE EAST APT. 280	
CITY-ST-ZIP	JUPITER FL 33427	

TITLE	Judge Advocate	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thaddeus W. Maliszewski	
STREET ADDRESS	1127 Seminole East Apt. 28B	
CITY-ST-ZIP	Jupiter, Fl. 33477-5543	

TITLE	SD	<input type="checkbox"/> Delete
NAME	BOBROWSKI, GENE	
STREET ADDRESS	7501 PINE TREE LANE	
CITY-ST-ZIP	LAKE CLARK SHORES FL 33401	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lottie Piekara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #