

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000002204**

1. Entity Name

THE SOUTH FLORIDA TOY SOLDIER CLUB, INC.

Principal Place of Business

**715 S.W. 15TH STREET
BOYNTON BEACH FL 33426**

Mailing Address

**715 S.W. 15TH STREET
BOYNTON BEACH FL 33426**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0496716

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

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	DP	<input type="checkbox"/> Delete
NAME	BURNS, FRANK T	
STREET ADDRESS	715 S.W. 15TH STREET	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	

TITLE	DS	<input type="checkbox"/> Delete
NAME	MCGHEE, ALAN	
STREET ADDRESS	15612 SW 16 COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	

TITLE	DT	<input type="checkbox"/> Delete
NAME	SEITZ, HAROLD W	
STREET ADDRESS	5141 N.W. 84TH AVENUE	
CITY-ST-ZIP	LAUDERHILL FL 33391	

TITLE	DVP	<input type="checkbox"/> Delete
NAME	NASH, GARY	
STREET ADDRESS	6578 NW 40TH COURT	
CITY-ST-ZIP	BOCA RATON FL 33496	

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/05/01 561-732-7295

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90061 037 ****61.25

700364

DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)