

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90206 044 \*\*\*\*61.50

**DOCUMENT # N94000002204**

1. Entity Name  
**THE SOUTH FLORIDA TOY SOLDIER CLUB, INC.**



Principal Place of Business

**%JOHN LESINSKI**  
**81 DAYTON ROAD**  
**LAKE WORTH FL 33467**

Mailing Address

**%JOHN LESINSKI**  
**81 DAYTON ROAD**  
**LAKE WORTH FL 33467**

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 **65-0496716**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURNS, FRANKLIN T**  
**715 S.W. 15TH STREET**  
**BOYNTON BEACH FL 33426**

Name **JOHN LESINSKI**  
Street Address (P.O. Box Number is Not Acceptable)  
**81 DAYTON ROAD**

City **LAKE WORTH** **FL** Zip Code **33467**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John Lesinski* **JOHN LESINSKI**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**X4-27-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **BP** ☒ Delete  
NAME **BURNS, FRANK T**  
STREET ADDRESS **715 S.W. 15TH STREET**  
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **DP** ☐ Change ☒ Addition  
NAME **LESINSKI, JOHN**  
STREET ADDRESS **81 DAYTON ROAD**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **DS** ☐ Delete  
NAME **MCGHEE, ALAN**  
STREET ADDRESS **15612 SW 16 COURT**  
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

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

TITLE **DT** ☐ Delete  
NAME **SEITZ, HAROLD W**  
STREET ADDRESS **5141 N.W. 84TH AVENUE**  
CITY-ST-ZIP **LAUDERHILL FL 33391**

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

TITLE **DVP** ☒ Delete  
NAME **NASH, GARY**  
STREET ADDRESS **6578 NW 48TH COURT**  
CITY-ST-ZIP **BOCA RATON FL 33496**

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

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: *Harold W. Seitz* **Harold Seitz, Dir.**

**X APR 27 2003**  
**X ASST 749-090**

CR2E037 (10/02)