

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90094 005 ****61.25

DOCUMENT # N99000003610
1. Entity Name GENERAL CASIMIR PULASKI
POST 204 THE POLISH LEGION OF
AMERICAN VETERANS, USA, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

DAV HALL

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX #6541

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORANGE CITY, FL

City & State

DELTONA, FL

4. FEI Number

EIN59-3585683

Applied For

Not Applicable

Zip

32763

Country

USA

Zip

32725

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ROBERT J. KAMINSKI

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

1460 E. LOMBARDY DR.

City

DELTONA

FL

Zip Code

32725

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

ROBERT J. KAMINSKI

COMMANDER

4-17-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEES IS \$61.25

Initial or Amended UBR

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

TITLE COMMANDER
NAME ROBERT J. KAMINSKI
STREET ADDRESS 1460 E. LOMBARDY DRIVE
CITY-ST-ZIP DELTONA FL 32725

TITLE SR. COMMANDER
NAME MICHAEL F. SKRZYPCAK
STREET ADDRESS 1745 BAYON DRIVE
CITY-ST-ZIP DELTONA FL 32725

TITLE JR. COMMANDER
NAME WILLIAM ANDERSON
STREET ADDRESS 2025 E. BARLINGTON DR.
CITY-ST-ZIP DELTONA FL 32725

TITLE 3 YEAR TRUSTEE
NAME LAWRENCE BUKOWSKI
STREET ADDRESS 3171 PIGEON COVE
CITY-ST-ZIP DELTONA FL 32725

TITLE 2 YEAR TRUSTEE
NAME JOHN ZELLINGER
STREET ADDRESS 2359 MONTANO STREET
CITY-ST-ZIP DELTONA FL 32738

TITLE 1 YEAR TRUSTEE
NAME EDWARD J. ORAVETZ
STREET ADDRESS 1912 E. CHAPEL DRIVE
CITY-ST-ZIP DELTONA FL 32738

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert J. Kaminski

4-17-04 (386)574-2109

CR2E037B (12/02)