

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

**FILED**  
**Jun 24, 2003 8:00 am**  
**Secretary of State**

06-24-2003 90012 006 \*\*\*\*61.25

DOCUMENT # N.99000003610  
GENERAL CASIMIR PULASKI POST 204  
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  
PO BOX #6541  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
ORANGE CITY, FL  
Zip  
32763  
Country  
USA

City & State  
DELTONA, FL  
Zip  
32725  
Country  
USA

4. FEI Number  
EIN 59-3585683  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**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  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

5-5-03  
DATE

**FEE 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 NAME STREET ADDRESS CITY-ST-ZIP	<u>COMMANDER</u> <u>ROBERT J. KAMINSKI</u> <u>1460 E. LOMBARDY</u> <u>DELTONA FL 32725</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SR. COMMANDER</u> <u>MICHAEL F SKRZYPCAK</u> <u>1745 BAYON DRIVE</u> <u>DELTONA FL 32725</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>JR. COMMANDER</u> <u>WILLIAM ANDERSON</u> <u>2025 E. BARRINGTON DR.</u> <u>DELTONA FL 32725</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>3 YEAR TRUSTEE</u> <u>LLOYD JONES</u> <u>P.O. BOX 740464</u> <u>ORANGE CITY FL 32763</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>2 YEAR TRUSTEE</u> <u>JOHN ZELLINGER</u> <u>2359 MONTANO STREET</u> <u>DELTONA FL 32738</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>1 YEAR TRUSTEE</u> <u>EDWARD J. ORAVETZ</u> <u>1912 E. CHAPEL DRIVE</u> <u>DELTONA FL 32738</u>

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	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert J. Kaminski

5-5-03

386-674-9109

CR2E037B (12/02)

Attachment



90140266

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

June 12, 2003

GENERAL CASIMIR PULASKI, POST 204, THE POLISH LEGION OF  
PO BOX 6541  
DELTONA, FL 32725

SUBJECT: GENERAL CASIMIR PULASKI, POST 204, THE POLISH LEGION  
OF AMERICAN VETERANS, U.S.A., INC.  
Ref. Number: N99000003610

We have received your document for GENERAL CASIMIR PULASKI, POST 204, THE POLISH LEGION OF AMERICAN VETERANS, U.S.A., INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 503A00036530