

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767462

1. Entity Name

UKRAINIAN AMERICAN CLUB OF THE PALM BEACHES INC.

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90076 009 \*\*\*\*61.25

Principal Place of Business

Mailing Address

603 NORTH DIXIE HWY.  
 LAKE WORTH FL 33460

603 NORTH DIXIE HWY.  
 LAKE WORTH FL 33460-3044



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2375275

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PAWLUK, JOHN  
 508 SHADY PINE WAY  
 GREENACRES FL 33463

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | DP                      | <input type="checkbox"/> Delete |
| NAME           | BYK, OLGA               |                                 |
| STREET ADDRESS | 603 S. DIXIE HWY.       |                                 |
| CITY-ST-ZIP    | LAKE WORTH FL 33460     |                                 |
| TITLE          | T                       | <input type="checkbox"/> Delete |
| NAME           | DRABYK, HELEN           |                                 |
| STREET ADDRESS | 808 IVY RD.             |                                 |
| CITY-ST-ZIP    | W. PALM BCH. FL 33414   |                                 |
| TITLE          | DVP                     | <input type="checkbox"/> Delete |
| NAME           | BYK, WILLIAM            |                                 |
| STREET ADDRESS | 603 S DIXIE HWY         |                                 |
| CITY-ST-ZIP    | LAKE WORTH FL 33460     |                                 |
| TITLE          | Secretary               | <input type="checkbox"/> Delete |
| NAME           | MARY S SCOTT            |                                 |
| STREET ADDRESS | 9805-A Pecan Tree Dr.   |                                 |
| CITY-ST-ZIP    | Baynton Beh, Fla. 33436 |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| 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 |
| 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 |
| 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)