

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90046 006 ****70.00

706245



DO NOT WRITE IN THIS SPACE

DOCUMENT # N23950

1. Entity Name

GENERAL K. PULASKI CITIZENS CLUB, INC.

Principal Place of Business

Mailing Address

GEN. K. PULASKI CITIZENS CLUB, INC.
 6221 SE 113TH ST
 BELLEVUE FL 34420
 US

GEN. K. PULASKI CITIZENS CLUB, INC.
 P. O. BOX 584
 BELLEVUE FL 34421-0584
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3017050

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

STARANOWICZ, JANINA
 3241 S.E. 56TH TERRACE
 Ocala FL 34471

Name **STARANOWICZ, LUDWIK**

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

3241 S.E. 56TH TERRACE

City **OCALA,**

FL

Zip Code **34471**

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.

STARANOWICZ, LUDWIK
PRESIDENT

SIGNATURE *Ludwik Staranowicz*

JANUARY 19, 2000

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 **VD** Delete
 NAME **CZYKIETA, WALTER S**
 STREET ADDRESS **4585 S.E. 58 PLACE**
 CITY-ST-ZIP **OCALA FL 34480**

TITLE **TD** Change Addition
 NAME **SHIFFER, ROBERT**
 STREET ADDRESS **9168 S.E. 135 PLACE**
 CITY-ST-ZIP **SUMMERFIELD, FL. 34491**

TITLE **S** Delete
 NAME **ZABINSKI, VIRGINIA**
 STREET ADDRESS **14813 S.W. 112 CIRCLE**
 CITY-ST-ZIP **DUNELLON FL 34432**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **STARANOWICZ, LUDWIK**
 STREET ADDRESS **3241 SE 56TH TERRACE**
 CITY-ST-ZIP **OCALA FL 34471**

TITLE **PD** Change Addition
 NAME **STARANOWICZ, LUDWIK**
 STREET ADDRESS **3241 S.E. 56TH TERRACE**
 CITY-ST-ZIP **OCALA, FL. 34471**

TITLE **PD** Delete
 NAME **STARANOWICZ, JANINA**
 STREET ADDRESS **3241 SE 56TH TERRACE**
 CITY-ST-ZIP **OCALA FL 34471**

TITLE **VD** Change Addition
 NAME **STARANOWICZ, JANINA**
 STREET ADDRESS **3241 SE 56TH TERRACE**
 CITY-ST-ZIP **OCALA, FL 34471**

TITLE **VD** Delete
 NAME **MARSZALEK, VIRGINIA**
 STREET ADDRESS **4730 SE 110TH ST**
 CITY-ST-ZIP **BELLEVUE FL 34420**

TITLE **FS** Change Addition
 NAME **SHIFFER, JEANNETTE**
 STREET ADDRESS **9168 SE 135TH PLACE**
 CITY-ST-ZIP **SUMMERFIELD, FL. 34491**

TITLE **SA** Delete
 NAME **ZALEWSKI, PAUL P**
 STREET ADDRESS **14951 S.W. 35TH AVENUE ROAD**
 CITY-ST-ZIP **OCALA FL 34473**

TITLE **VD** Change Addition
 NAME **ZALEWSKI, PAUL P.**
 STREET ADDRESS **14951 S.W. 35TH AVENUE ROAD**
 CITY-ST-ZIP **OCALA, FL. 34473**

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: *Ludwik Staranowicz* **STARANOWICZ, LUDWIK**

JANUARY 19, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #