

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90034 006 ****61.25

0067810

DOCUMENT # N24247

1. Entity Name

POLISH NATIONAL ALLIANCE SPACE COAST LODGE 3230, INC.

Principal Place of Business

Mailing Address

2701 GARDEN ST
 TITUSVILLE FL 32796
 US

2701 GARDEN ST
 TITUSVILLE FL 32796
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

BREVARD

4. FEI Number
51-0224504

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICKOLENKO, L MARGARET
1450 THORNTON AVE
TITUSVILLE FL 32780

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 *L. Margaret Nickolenko*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

N/A
2-28-02
 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GUZIAK, JOSEPH 940 CORDA COURT TITUSVILLE FL 32796	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NICKOLENKO, MARGARET L 1450 THORNTON AVE TITUSVILLE FL 32780	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FARRELL, PHYLLIS 1305 N. TROPICAL TRAIL MERRITT ISLAND FL 32953	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEMBOWSKI, RICHARD 127 MCNEELA DRIVE TITUSVILLE FL 32796	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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 this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. Margaret Nickolenko
Margaret L. Nickolenko

2-28-02
267-2584
 Date Daytime Phone #

CR2E037 (9/01)