

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90053 013 ***158.75

DOCUMENT # P96000034800
 1. Entity Name
THE POLISH AMERICAN CLUB OF NORTH LAUDERDALE, FL

Principal Place of Business Mailing Address
 ROCK ISLAND ROAD 935 ROCK ISLAND ROAD
 LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33068-2313

731817



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
 65-0166627 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BRUKWICKI, GRACE M
935 ROCK ISLAND RD
NORTH LAUDERDALE FL 33068

7. Name and Address of New Registered Agent
 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 **GRACE M. BRUKWICKI** *Grace M Brukwicki* 4/26/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	OLSZEWski, JERZY	
STREET ADDRESS	935 HILLSBORO MILE	
CITY-ST-ZIP	HILLSBORO BCH FL 33062	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SKONIECZNY, RICHARD	
STREET ADDRESS	1370 S OCEAN BLVD 508	
CITY-ST-ZIP	POMPANO-BCH FL 33062	
TITLE	T	<input type="checkbox"/> Delete
NAME	KOLACZEK, TERESA	
STREET ADDRESS	2181 NE 67TH ST #631	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BELZ, STEPHEN	
STREET ADDRESS	5144 NE 18TH TERRACE	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRUKWICKI, ZENON	
STREET ADDRESS	860 SOMERSET AVE	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NOTO, SABRINA	
STREET ADDRESS	5144 NE 18TH TERR	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIENKOWSKI, TONY	
STREET ADDRESS	1691 CORAL RIDGE DR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSIDLO, WLADYSLAW	
STREET ADDRESS	1429 N. APLMWAY	
CITY-ST-ZIP	LAKE-WORTH, FL 33460	
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *TERESA KOLACZEK* **REQUIRED** 4/26/00 *TERESA KOLACZEK*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)