

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90026 047 ****61.25

DOCUMENT # 767624

1. Entity Name

POLONIA SOCIETY OF KORONA, FLA., INC.

Principal Place of Business

Mailing Address

**2615 N PENINSULA DR
 DAYTONA BEACH FL 32118
 US**

**2615 N PENINSULA DR
 DAYTONA BEACH FL 32118
 US**

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

59-2274565

Applied For

Not Applicable

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

**OZIERSKI, JANE L
 2615 N PENINSULA DR
 DAYTONA BEACH FL 32118**

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 ☒ Delete
 NAME **PD KRZYZANOWSKI, GEORGE**
 STREET ADDRESS **2972 LANTERN DRIVE**
 CITY-ST-ZIP **S. DAYTONA FL 32119**

TITLE ☒ Change ☐ Addition
 NAME **DUBIK, JERRY**
 STREET ADDRESS **290 San Marco Avenue**
 CITY-ST-ZIP **St. Augustine, FL 32084**

TITLE ☒ Delete
 NAME **VPD KULAGA, ANNA**
 STREET ADDRESS **1290 S WINTERHAWK DRIVE**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE ☒ Change ☐ Addition
 NAME **HART, GEORGE**
 STREET ADDRESS **2 Wallstone Place**
 CITY-ST-ZIP **Palm Coast, FL 32164**

TITLE ☐ Delete
 NAME **SD OZIERSKI, JANE L**
 STREET ADDRESS **2615 N. PENINSULA DR.**
 CITY-ST-ZIP **DAYTONA BEACH FL**

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

TITLE ☐ Delete
 NAME **TD OZIERSKI, WALTER**
 STREET ADDRESS **2615 N. PENINSULA DR.**
 CITY-ST-ZIP **DAYTONA BEACH FL**

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

TITLE ☐ Delete
 NAME **SD SZYMULA, EUGENE**
 STREET ADDRESS **1630 BRYAN WAY**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

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

TITLE ☒ Delete
 NAME **RSD WIECLAWIEK, MARIA**
 STREET ADDRESS **9 BLAKEMORE DRIVE**
 CITY-ST-ZIP **PALM COAST FL 32137**

TITLE ☒ Change ☐ Addition
 NAME **WOLYNSKI, LILIANA**
 STREET ADDRESS **6985 Charles Street**
 CITY-ST-ZIP **St. Augustine, FL 32086**

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

Jane L Ozierski **Jane L Ozierski, Secretary** 1/10/02 252-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)