

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90233 010 ****61.25

DOCUMENT # 767624

1. Entity Name
POLONIA SOCIETY OF KORONA, FLA., INC.



Principal Place of Business
**2615 N PENINSULA DR
DAYTONA BEACH FL 32118
US**

Mailing Address
**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

☒ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **PD DUBIK, JERRY**
STREET ADDRESS **290 SAN MARCO AVE**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

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

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

TITLE ☒ Delete
NAME **RSD WOLYNSKI, LILIANA**
STREET ADDRESS **6985 CHARLES STREET**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

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

TITLE ☒ Change ☐ Addition
NAME **VPD WIELGUS, ROBERT W.**
STREET ADDRESS **11 Reston Place**
CITY-ST-ZIP **Palm Coast, FL 32164**

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

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

TITLE ☒ Change ☐ Addition
NAME **SD ROMANIENKO, MARIA**
STREET ADDRESS **23 Bryan Cave Road**
CITY-ST-ZIP **South Daytona, FL 32119**

TITLE ☒ Change ☐ Addition
NAME **RSD BILINSKI, MARIA K.**
STREET ADDRESS **60 Fleming Court**
CITY-ST-ZIP **Palm Coast, FL 32137**

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** L. Ozierski, Secretary 2/10/03

252-2000

CR2E037 (10/02)