

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90011 037 ****61.25

DOCUMENT # 702553

1. Entity Name

POLISH AMERICAN CLUB OF TAMPA, INC.

Principal Place of Business

Mailing Address

1707 W. CLIFTON
 TAMPA FL 33607

1922 W. ORIENT STREET
 TAMPA FL 33607-6539
 US

2. Principal Place of Business

1707 W. CLIFTON ST, TAMPA, FL 33603

3. Mailing Address 1922 W. ORIENT ST

TAMPA, FL 33607

... Suite, Apt. #, etc.

... Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 TAMPA, FL.

City & State
 TAMPA, FL.

4. FEI Number
 59-1585318

Applied For
 Not Applicable

Zip
 33603

Country
 U.S.A.

Zip
 33607

Country
 Hillsborough

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

SLOWIK, STANLEY J. J
 1922 W. ORIENT STREET
 TAMPA FL 33607

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

Stanley J. Slowik, Jr.
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

31 JAN. 00
 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 SLOWIK, STANLEY J. J 1922 W. ORIENT STREET TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADAMECZSKI, WALTER T. 733 57TH STREET TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS HERRERA, LILLIAN 4214 OKARA TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADAMECZSKI, HARRIET M 733 57TH ST TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS EGGELSTON, LEE 2513 W-HIGH AVENUE TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETROWSKI, JOSEPH 3811 LAKESHORE DR TAMPA FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS THOM, EDWINA 1201 GOLF CITY RD # 11 RUSKIN FL 33570	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE:

Stanley J. Slowik, Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 JAN 00 813-876-3114
 Date Daytime Phone #

CR2E037 (9/99)