

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90022 016 \*\*\*\*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  
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

**59-1585318**

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

**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

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 SLOWIK, STANLEY J. J**  
STREET ADDRESS **1922 W. ORIENT STREET**  
CITY-ST-ZIP **TAMPA FL**

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

TITLE ☒ Delete  
NAME **VD ADAMECZSKI, WALTER T.**  
STREET ADDRESS **733 57TH STREET**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☒ Change ☐ Addition  
NAME **VICE PRESIDENT**  
STREET ADDRESS **DOROTHY VALENCIC**  
CITY-ST-ZIP **1422 W. BOGE DR.**  
**TAMPA, FL 33614**

TITLE ☐ Delete  
NAME **RS LEKES, JOSEPH A**  
STREET ADDRESS **3415 PICO DR**  
CITY-ST-ZIP **TAMPA FL 33614-2750**

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

TITLE ☐ Delete  
NAME **T ROMANUK, RUTH M**  
STREET ADDRESS **5411 ORIENT RD**  
CITY-ST-ZIP **TAMPA FL 33610-4118**

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

TITLE ☒ Delete  
NAME **FS EGELSTON, LEE**  
STREET ADDRESS **2513 W-HIGH AVENUE**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☒ Change ☒ Addition  
NAME **FINANCIAL SECRETARY**  
STREET ADDRESS **RUTH M. ROMANUK**  
CITY-ST-ZIP **5411 ORIENT RD.**  
**TAMPA, FL 33610-4118**

TITLE ☐ Delete  
NAME **D PETROWSKI, JOSEPH**  
STREET ADDRESS **3811 LAKESHORE DR**  
CITY-ST-ZIP **TAMPA FL**

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

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN. 13, 2002 813-873-0667**

Date

Daytime Phone #

CR2E037 (9/01)