

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

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90216 017 ****61.25



DOCUMENT # 702553

1. Entity Name
POLISH AMERICAN CLUB OF TAMPA, INC.

Principal Place of Business Mailing Address
1707 W. CLIFTON **1922 W. ORIENT STREET**
TAMPA FL 33607 **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**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	SLOWIK, STANLEY J. J	
STREET ADDRESS	1922 W. ORIENT STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VALENCIC, DOROTHY	
STREET ADDRESS	1422 WEST BOGE DRIVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	RS	<input type="checkbox"/> Delete
NAME	LEKES, JOSEPH A	
STREET ADDRESS	3415 PICO DR	
CITY-ST-ZIP	TAMPA FL 33614-2750	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROMANUK, RUTH M	
STREET ADDRESS	5411 ORIENT RD	
CITY-ST-ZIP	TAMPA FL 33610-4118	
TITLE	FS	<input type="checkbox"/> Delete
NAME	ROMANUK, RUTH M	
STREET ADDRESS	5411 ORIENT ROAD	
CITY-ST-ZIP	TAMPA FL 33610-4118	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETROWSKI, JOSEPH	
STREET ADDRESS	3811 LAKESHORE DR	
CITY-ST-ZIP	TAMPA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Stanley J. Slowik*

813-873-0667

CFR2E037 (10/02)