# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 05, 2000 8:00 am**
**Secretary of State**
04-05-2000 90070 040 ****61.25

DOCUMENT # 703171

1. Entity Name

LITHUANIAN AMERICAN CLUB, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4880-46TH AVENUE NORTH<br>ST PETERSBURG FL 33714 | 4880-46TH AVENUE NORTH<br>ST PETERSBURG FL 33714-2816 |

DO NOT WRITE IN THIS SPACE

| 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 59-0999424 ☐ 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 |
|---|---|
| ALBINAS, KARNIUS<br>6927 14TH AVE N<br>~~ST. PETERSBURG BEACH FL 33716~~<br>ST. PETERSBURG, FL 33710 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Albinas Karnius 3-25-2000
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>LORETA, KYNAS<br>7420 BAY ISLAND DE S #271<br>S PASADENA FL 33707 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>ALBINAS, KARNIUS<br>6927 14TH AVE N<br>ST PETERSBURG FL 33710 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MACIULIS, ANELE<br>6360 2ND PALM PTE<br>ST PETERBURG BCH FL 63706 | ☒ Delete | D<br>ADOMAITIS, DALIA<br>183 46 th AVE<br>ST. PETE BEACH, FL | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>VIKTORA, ANTANAS<br>6919 13TH AVE N<br>S PETERBURG FL 33710 | ☒ Delete | D<br>STASIUKEVICIUS, ALDONA<br>4981 BACOPA LA S #102<br>ST. PETERSBURG, FL 33715 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>BIKNEVICIUS, VLADAS<br>11162 56TH TERRACE N<br>SEMINOLE FL 33772 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GECAS, JUOZAX<br>490 82ND AVE<br>ST PETE BEACH FL 33706 | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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.

GAIZAUSKAS, KLEOFA - Secretary

**SIGNATURE:** SIGNATURE REQUIRED K. Gaizauskas 3/15/00 360-3437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #