

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 703171**

1. Entity Name

LITHUANIAN AMERICAN CLUB, INC.

Principal Place of Business

**4880-46TH AVENUE NORTH
ST PETERSBURG FL 33714**

Mailing Address

**4880-46TH AVENUE NORTH
ST PETERSBURG FL 33714**

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****KYNAS, LORETA
7420 BAY ISLAND DR SO
SOUTH PASADENA FL 33707****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.

SIGNATURE

Loreta Kynas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-02**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**

TITLE	P	☐ Delete
NAME	LORETA, KYNAS	
STREET ADDRESS	7420 BAY ISLAND DE S #271	
CITY-ST-ZIP	S PASADENA FL 33707	
TITLE	VPS	☒ Delete
NAME	GAIZAUSKAS, KLEOFA	
STREET ADDRESS	7902 SAILBOAT KEY BLVD	
CITY-ST-ZIP	SOUTH PASADENA FL 33707	
TITLE	VP	☐ Delete
NAME	ADOMAITIS, DALIA	
STREET ADDRESS	183 46TH AVE	
CITY-ST-ZIP	ST PETERBURG BCH FL 63706	
TITLE	D	☒ Delete
NAME	STASIUKAVICIUS, ALDONA	
STREET ADDRESS	4981 BCOPA LA S # 102	
CITY-ST-ZIP	SAINT PETERSBURG FL 33715	
TITLE	T	☐ Delete
NAME	CESNAS, ALDONA	
STREET ADDRESS	701-64TH AVENUE	
CITY-ST-ZIP	ST. PETE BEACH FL 33706	
TITLE	D	☒ Delete
NAME	GECAS, JUOZAX	
STREET ADDRESS	490 82ND AVE	
CITY-ST-ZIP	ST PETE BEACH FL 33706	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPS	☐ Change ☒ Addition
NAME	PETKUS LIUDVIKA	
STREET ADDRESS	35-44 TH.AVE. # 1	
CITY-ST-ZIP	ST. PETE BEACH FL. 33706	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	RADVIL HELEN	
STREET ADDRESS	6536 POMPAO PL. S.	
CITY-ST-ZIP	ST. PETERSBURG FL. 33707-3825	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	RADVIL S. ZIGMANTAS	
STREET ADDRESS	6536 POMPAO PL. S.	
CITY-ST-ZIP	ST. PETERSBURG FL. 33707-3825	

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

Loreta Kynas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)