

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90213 014 ****61.25

DOCUMENT # 703186

1. Entity Name

ALBIN POLASEK FOUNDATION INC.

Principal Place of Business

633 OSCEOLA AVENUE
 P.O. BOX 1691
 WINTER PARK FL 32789
 US

Mailing Address

P O BOX 1691
 WINTER PARK FL 32790
 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

59-1102352

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARTIN, DONALD S
2219 WHITEHALL DR
WINTER PARK FL 32792

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

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 **D CARTER, WILLIAM**
 STREET ADDRESS **188 CRESTVIEW WAY**
 CITY-ST-ZIP **YARDLEY PA 19067**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D KNIGHT, RANDAL**
 STREET ADDRESS **645 WOODRIDGE DR**
 CITY-ST-ZIP **FERN PARK FL 32730**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D TROVILLION, ALLEN**
 STREET ADDRESS **1312 PALMETTO AVENUE**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE Change Addition
 NAME **D Trovillion, Allen**
 STREET ADDRESS **1312 Palmetto Ave**
 CITY-ST-ZIP **Winter Park, FL 32789**

TITLE Delete
 NAME **ST MORAN, MARGARET D**
 STREET ADDRESS **2500 LEE RD #131**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P MARTIN, DONALD S**
 STREET ADDRESS **2219 WHITEHALL DR**
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V HAINES, JOHN D**
 STREET ADDRESS **716 N INTERLACHEN AVE**
 CITY-ST-ZIP **WINTER PARK FL 32789**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/01

407-599-3490

Date Daytime Phone #

CR2E037 (10/00)