

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703969

1. Entity Name

CZECHOSLOVAK CULTURAL CENTER OF ST PETERSBURG FL

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90113 049 ****61.25

Principal Place of Business

Mailing Address

SBURG. INC.
1601 49TH STREET SOUTH
GULFPORT FL 33707

SBURG. INC.
1601 49TH STREET SOUTH
GULFPORT FLA 33707-4340

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1026505

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HORAK, MILDRED
1601-49TH STREET SOUTH
GULFPORT FL 33707

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

TITLE	P	<input type="checkbox"/> Delete
NAME	HEINZ, EMIL	
STREET ADDRESS	1408 WILLIAMS RD.	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHMELAR, CHARLES	
STREET ADDRESS	3506 S JERRY SMITH	
CITY-ST-ZIP	DOVER FL	
TITLE	FS	<input type="checkbox"/> Delete
NAME	CERGA, MARY	
STREET ADDRESS	2287 PHILIPPINE DR. #43	
CITY-ST-ZIP	CLEARWATER FL 34623	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOMICKA, GLORIA	
STREET ADDRESS	5501-29 ST. NO.	
CITY-ST-ZIP	ST. PETE. FL 33714	
TITLE	T	<input type="checkbox"/> Delete
NAME	KUGLER, ALICE	
STREET ADDRESS	2287 PHILIPPINE DR. #45	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOZOVICH, HELEN R	
STREET ADDRESS	8468 RANGE ST. NO	
CITY-ST-ZIP	SEMINOLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #