

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90030 034 ****61.25

DOCUMENT # 703969

1. Entity Name

**CZECHOSLOVAK CULTURAL CENTER OF ST PETERSBURG FL
ORIDA INC.**

Principal Place of Business

Mailing Address

SBURG. INC.
1501 49TH STREET SOUTH
SAINT PETERSBURG FL 33707

SBURG. INC.
1601 49TH STREET SOUTH
SAINT PETERSBURG FL 33707

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

59-1026505

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

~~VALIGA, ANDREW J~~
~~1601 49TH STREET SOUTH~~
~~GULFPORT FL 33707~~

DECEASED

Name
MILDRED HORNAL

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

8333 SEMINOLE BLVD

City **SEMINOLE FL. 33772** 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 *Mildred Hornal*
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 **PD**
STREET ADDRESS **PODLENA, FRANCES**
CITY-ST-ZIP **9897 48TH ST NORTH**
ST PETERSBURG FL 33208

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **CHMELAR, CHARLES**
CITY-ST-ZIP **3506 S. JERRY SMITH**
DOVER FL

TITLE ☒ Delete
NAME **FS**
STREET ADDRESS **VATERS, OLGA**
CITY-ST-ZIP **2286 GROVEWOOD RD**
CLEARWATER FL 33764

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **PRIBYL, LIBBIE**
CITY-ST-ZIP **525 64TH AVE SOUTH**
SAINT PETERSBURG FL 33706

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BOZOVICH, HELEN R**
CITY-ST-ZIP **8468 RANGE ST. NO**
SEMINOLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **ADMINISTRATIVE**
STREET ADDRESS **MULLER EDWIN**
CITY-ST-ZIP **3997 40TH WAY S.**
ST. PETERSBURG FL 33711

TITLE ☐ Change ☐ Addition
NAME **TREASURER**
STREET ADDRESS **MULLER EDWIN**
CITY-ST-ZIP **3997 40TH WAY S.**
ST. PETERSBURG FL 33711

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Frances Podlena*

JAN. 21, 2002

CR2E037 (9/01)