

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713104

1. Entity Name

THE POLISH-AMERICAN CLUB OF HOLLYWOOD, FLORIDA,

Principal Place of Business

3861 STIRLING ROAD
FT. LAUDERDALE FL 33312

Mailing Address

3861 STIRLING ROAD
FT. LAUDERDALE FL 33312

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

59-6143418

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POLUKORT, BERNICE
3420 SW 47TH AVE
HOLLYWOOD FL 33021

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

TITLE P
NAME GAWARECKI, WILLIAM
STREET ADDRESS 4670 NE 15TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33334 ☒ Delete

TITLE V
NAME PANASUK, AL
STREET ADDRESS 5790 SW 35TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33312 ☐ Delete

TITLE T
NAME MUSIAL, ADRIAN
STREET ADDRESS 6761 MCCLELLAN ST
CITY-ST-ZIP HOLLYWOOD FL ☐ Delete

TITLE D
NAME EVANS, CLARA
STREET ADDRESS 10452 NW 48 MANOR
CITY-ST-ZIP CORAL SPRINGS FL 33076 ☐ Delete

TITLE D
NAME ZIGMUNT, DORIS
STREET ADDRESS 7600 SIMMS STREET
CITY-ST-ZIP HOLLYWOOD FL 33024 ☐ Delete

TITLE FS
NAME EDWARDS, RANDI
STREET ADDRESS 7451 NW 16TH ST #302
CITY-ST-ZIP PLANTATION FL 33313 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT
NAME THOMAS ZIGMUNT
STREET ADDRESS 7600 SIMMS STREET
CITY-ST-ZIP HOLLYWOOD, FL 33024 ☒ Change ☐ Addition

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

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

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

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

TITLE FS
NAME RANDI MASSEY
STREET ADDRESS 7451 NW 16th STREET #302
CITY-ST-ZIP PLANTATION, FL 33313 ☐ Change ☐ Addition

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

4/10/01

954-989-2385

Date

Daytime Phone #

CR2E037 (10/00)

0048208

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90052 021 *****61.25

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DO NOT WRITE IN THIS SPACE