

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

001765

DOCUMENT # 718566

1. Entity Name

THE SLOVAK GARDEN, A HOME FOR AMERICAN SLOVAKS, INC.

04-09-2002 90005 013 ****61.25

Principal Place of Business 3110 HOWELL BRAND RD #100 WINTER PARK FL 32792 US	Mailing Address 3110 HOWELL BRANCH RD #100 WINTER PARK FL 32792 US
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DO NOT WRITE IN THIS SPACE

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 59-0972294	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RUDZIK, FRANK
2728 RUNNING SPRING LOOP
ORLANDO FL 32765 OVIEDO, FL 32765

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 **4-1-02**
 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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUDZIK, FRANK 2728 RUNNING SPRING LOOP OVIEDO FL 32765	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOLDIS, JOHN 2936 SE GLASGOW DRIVE STUART FL 34997	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VOLOSIN, MARTHA 101 ROOSEVELT PL. MAITLAND FL 32751	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUCERA, PETER 10807 PIPING ROCK CT. ORLANDO FL 32817	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DVORECKY, JAN 3620 DAVENTRY CT. ORLANDO FL 32817	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALLING, PETER 12727 WOODBURY OAKS DR. ORLANDO FL 32828	☒ Delete <i>see change</i>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALLING, PETER 12727 WOODBURY OAKS DR. ORLANDO, FL 32828	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JULIA LETKOVA-CASAVANT 6848 COMPASS CT. ORLANDO, FL 32810	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILAN DVORECKY 9739 LANDOWNE CT. ORLANDO, FL 32817	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JERRY J. KRUPA 1908 HEWETT LN. MAITLAND, FL 32751	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLGA MORVAY 169 JERGO RD. WINTER PARK, FL 32792	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK HAVLICEK 3172 ORAVA LN. WINTER PARK, FL 32792	☐ 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: **4-1-02** **407 677 6894**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)