

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732541

1. Entity Name

POLISH-AMERICAN CLUB OF NORTHEAST FLORIDA, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90085 038 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5850 COLLINS RD.  
 P. O. BOX 14689  
 JACKSONVILLE FL 32238

5850 COLLINS RD.  
 P. O. BOX 14689  
 JACKSONVILLE FL 32238-1689

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

59-1724112

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

7. Name and Address of New Registered Agent

GEISLER, GLADYS  
 4565 ROYAL AVE  
 JACKSONVILLE FL 32205-4949

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	VP	<input checked="" type="checkbox"/> Delete
NAME	CASE, CHESTER	
STREET ADDRESS	6111 CEDAR HILLS BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KLINESCHMIDT, GEORGE	
STREET ADDRESS	8338 QUAIL-RUN DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETZEL, PETE	
STREET ADDRESS	8434 BARCELONA AVE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUBAS, MARGARET	
STREET ADDRESS	4547 WATER OAK LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEISLER, GLADYS	
STREET ADDRESS	4565 ROYAL AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32205-4949	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KUSH, ALEX	
STREET ADDRESS	7633 WILSON BLVD #54	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEIDE ICENOGLE	
STREET ADDRESS	4972 PLANTATION DR	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA PETRICK	
STREET ADDRESS	6722 DAUGHTRY BLVD S	
CITY-ST-ZIP	JAX FL 32216	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK LUKSHA	
STREET ADDRESS	13516 COLLEN RD.	
CITY-ST-ZIP	JAX FL 32216	

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: Gladys Geisler GLADYS GEISLER 5/12/00 904-388-8222  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)