## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Feb 07, 2001 8:00 am Secretary of State DOCUMENT # 732541 POLISH-AMERICAN CLUB OF NORTHEAST FLORIDA, INC. 02-07-2001 90175 046 \*\*\*\*61.25 Principal Place of Business Mailing Address 5850 COLLINS RD. 5850 COLLINS RD. P. O. BOX 14689 P. O. BOX 14689 JACKSONVILLE FL 32238 JACKSONVILLE FL 32238 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1724112 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GEISLER, GLADYS 4565 ROYAL AVE JACKSONVILLE FL 32205-4949 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE Z Delete TITLE PETZEL, IONE 8434 BARCELONA AVE ICENOGLE. HEIDE NAME NAME 4972 PLANTATION DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KANGE PANK F1. 32073 CALLAHAN FL 32011 TITLE ☐ Delete TITLE ☐ Addition Petrick BAKBARA PETRICK, BARBARA NAME NAME TACK SONULLE FI 3220 6722 DAUGHTRY BLVD S. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32210 CITY-ST-ZIP D -TITLE Change ☐ Addition TITLE Delete PETZEL, PETE NAME PLAZEL, PETE NAME 8434BAKCELONA AVE STREET ADDRESS 8434 BARCELONA AVE STREET ADDRESS CITY-ST-ZIP **ORANGE PARK FL 32073** CITY-ST-ZIP OKANGE PAKK, FI 32073 ☐ Change **X** Addition Delete TITLE TITLE McCANN, CeciliA 4418-LOBI LOOP KEYSTONE NYS. F. DUBAS, MARGARET NAME NAME 4547 WATER OAK LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 32656 CITY-ST-7IP JACKSONVILLE FL 32210 Change Addition TITLE ☐ Delete TITLE LANE, GENEVIEVE GEISLER, GLADYS NAME NAME JACKSONULLE, Fl. 33216 STREET ADDRESS 4565 ROYAL AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32205-4949 Change TITLE Delete TITLE LUKSHA, FRANK GROGAN, ANTHORY NAME NAME 4842 MARINERS POINT DE STREET ADDRESS STREET ADDRESS 13516 COLLEN RD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32218 ACKSONUILLE 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. 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.