

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90071 050 ****61.25

DOCUMENT # 732541

1. Entity Name

POLISH AMERICAN CULTURAL SOCIETY OF NORTHEAST FLORIDA, INC.

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**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETZEL, RONALD J
8434 BARCELONA AVENUE
ORANGE PARK FL 32073**

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 NAME STREET ADDRESS CITY-ST-ZIP	VP PETZEL, IONE 8434 BARCELONA AVENUE ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETRICK, BARBARA 6722 DAUGHTRY BLVD S. JACKSONVILLE FL 32210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETZEL, PETE 8434 BARCELONA AVE ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBAS, MARGARET 4547 WATER OAK LANE JACKSONVILLE FL 32210	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEISLER, GLADYS 4565 ROYAL AVE JACKSONVILLE FL 32205-4949	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROGAN, ANTHONY 4842 MARINERS POINT DRIVE JACKSONVILLE FL 32225	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRAS. Cecilia McCann 4418 LORI LOOP KEYSTONE HTS. FL. 32656	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. GENEVIEVE LANE 2458 PROVOST CT. JACKSONVILLE FL.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY OLNEY 412 BUCKEYE LANE EAST JACKSONVILLE, FL. 32259	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELEANORE OLNEY 412 BUCKEYE LANE EAST.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOZEF STYPALOWSKI 1571 LEMONWOOD RD. JACKSONVILLE, FL. 32259	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAZIMIERZ KOTYL 12351 TRACY RUN RD. JACKSONVILLE FL. 32223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)