2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739442

FILED
Jan 28, 2000 8:00 am
Secretary of State
01-28-2000 90080 040 ****61.25

1. Entity Name

THE POLISH-AMERICAN CLUB OF SARASOTA, FLORIDA, I NC

Principal Place of Business	Mailing Address
P.O. BOX 15771 7482 N LEEWYNN DR SARASOTA FL 32240 US	P.O. BOX 15771 SARASOTA FL 34277-1771

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Davis Hall	P. O. Box 15771
Suite, Apt. #, etc.: 2717 BROWNING STREET	Suite, Apt. #, etc.:
City & State: Sarasota, FL.	City & State: Sarasota, FL. 34277
Zip: 34237- / Country: U S A	Zip: 34277-1771 / Country: U S A

4. FEI Number: 59-1696282 — 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
HASZLAKIEWICZ, ZBIGNIEW M 5051 KESTRAL PARK DR. SARASOTA FL 34231	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	P ☒ Delete	TITLE	P ☒ Change ☐ Addition
NAME	MIKOS, W JOHN	NAME	HASZLAKIEWICZ, ZBIGNIEW
STREET ADDRESS	7482 N LEE WYNN DR	STREET ADDRESS	5051 KESTRAL PARK DR.
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	SARASOTA, FL. 34231
TITLE	VP ☒ Delete	TITLE	V ☒ Change ☐ Addition
NAME	PUZYREWSKI, RENIA	NAME	HEGER, NOLA
STREET ADDRESS	2724 LEAFY LANE	STREET ADDRESS	1520 GLEN OAKS DRIVE E
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	SARASOTA, FL. 34232
TITLE	SD ☒ Delete	TITLE	D ☒ Change ☐ Addition
NAME	KUZIORA EMILIA	NAME	WEAVER, DOROTHY
STREET ADDRESS	1860 SPRINGWOOD DRIVE	STREET ADDRESS	3324 BONNIE DRIVE
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	ELLENTON, FL. 34222
TITLE	D ☐ Delete	TITLE	D ☐ Change ☐ Addition
NAME	BEREZNICKI, BOGDAN	NAME	BEREZNICKI, BOGDAN
STREET ADDRESS	2902 CAPIIVA DRIVE	STREET ADDRESS	2902 CAPTIVA DR.
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	SARASOTA, FL. 34231
TITLE	T ☒ Delete	TITLE	T ☒ Change ☐ Addition
NAME	BEREZNICKI, IRENE	NAME	SESNIAK, LUCRETIA
STREET ADDRESS	2902 CAPTIVA DR	STREET ADDRESS	4205 PINE MEADOW TERR.
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	SARASOTA, FL. 34233
TITLE	D ☒ Delete	TITLE	D ☒ Change ☐ Addition
NAME	WEBB, JANKA	NAME	BIK, VICTOR
STREET ADDRESS	2724 LEAFY LANE	STREET ADDRESS	5856 FAIRWOODS CIRCLE
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	SARASOTA, FL. 34243

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: Lucretia Sesniak — Lucretia Sesniak — Jan. 24, 2000 — 941 922-4670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/99)