## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 28, 2002 8:00 am Secretary of State **DOCUMENT # 739442** 1. Entity Name THE POLISH-AMERICAN CLUB OF SARASOTA, FLORIDA, I 05-28-2002 91784 032 \*\*\*\*61.25 Principal Place of Business. . . . ---Mailing Address P.O. BOX 15771 P.O. BOX 15771 SARASOTA FL 34277-1771 SARASOTA FL 34277-1771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1696282 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) HASZLAKIEWICZ, ZBIGNIEW M 5051 KESTRAL PARK DR. SARASOTA FL 34231 Zip Code City 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 it applicable (NQTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition Delete TITLE POGONOWSKI, MAGDALENE HASZLAKIEWICZ, ZBIGNIEW NAME NAME 988 BOULEVARD OF ARTS STREET ADDRESS 5051 KESTRAL PARK DR. STREET ADDRESS SARASOTA FL 34231 SARASOTA, FL. 34236 CITY-ST-7IP CITY-ST-ZIP Change Change THLE TITLE Delete MADURA, AKNA HEGER, NOLA NAME NAME 3614 57th AVE.DR.W STREET ADDRESS 1520 GLEN OAKS DRIVE E STREET ADDRESS BRADENTON FL. 34210 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 Change TITLE ☐ Addition TITLE Delete GRZYROWSKI EVELYN GIEDRYS, DANIELLE NAME NAME HOG PARTRIDGE CIRCLE SARASOTA, FL 34236 STREET ADDRESS 3605 EGERTON CIRCLE STREET ADDRESS SARASOTA FL 34232 CITY-ST-ZIP CITY-ST-ZIP HASZLAKIEWICZ, ZBIGNIEW Change TITLE TITLE Delete BEREZNICKI, BOGDAN NAME NAME 5051 KESTRAL PARK DRIVE 2902 CAPIIVA DRIVE STREET ADDRESS STREET ADDRESS SARASOTA, FL. 3423/ CITY-ST-7IP SARASOTA FL CITY-ST-ZIP DZIEWIT, ALEKSANDER Change Delete TITLE GREYSON, ARTHUR NAME NAME 5780 MIDNIGHT PASS ROAD APT 58313 1427 LANDINGS PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Sarasota FL 34232 CITY-ST-7iP SARASOTA, FLORIDA 34242-GRZYBOWSKI, BOGDAN 409 PARTRIDGE CIRCLE TITLE Delete TITLE Jordan, Maria NAME NAME STREET ADDRESS 5123 KESTRAL PARK PLACE STREET ADDRESS CITY-ST-7IP SARASOTA FL 34231 CITY-ST-ZIP SARASOTA, FL. 34236

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:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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