

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90161 013 \*\*\*\*70.00

**DOCUMENT # 739442**



1. Entity Name  
**THE POLISH-AMERICAN CLUB OF SARASOTA, FLORIDA, I  
NC.**

Principal Place of Business Mailing Address  
P.O. BOX 15771 P.O. BOX 15771  
SARASOTA FL 34277-1771 SARASOTA FL 34277-1771  
US US

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 **59-1696282** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required



CHECK HERE IF MAKING CHANGES

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 **DZIEWIT, ALEXANDER E.**  
Street Address (P.O. Box Number is Not Acceptable)  
**5780 MIDNIGHT PASS RD. #503B  
SARASOTA, FL 34242-3056**  
City **SARASOTA** FL Zip Code **34242-3056**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ALEXANDER E. DZIEWIT, TREASURER** **4-29-03**  
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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HASZLAKIEWICZ, ZBIGNIEW</b>	
STREET ADDRESS	<b>5051 KESTRAL PARK DR.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>POGONOWSKI, MAGDALENE</b>	
STREET ADDRESS	<b>988 BOULEVARD OF ARTS</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MADURA, ANNA</b>	
STREET ADDRESS	<b>3614 57TH AVE DR W</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34210</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GRZYBOWSKI, EVELYN</b>	
STREET ADDRESS	<b>409 PARTRIDGE CIRCLE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>DZIEWIT, ALEKSANDER</b>	
STREET ADDRESS	<b>5780 MIDNIGHT PASS RD APT 583B</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34242</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRZYBOWKI, BOGDAN</b>	
STREET ADDRESS	<b>409 PARTRIDGE CIRCLE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BERRY ZECK</b>	
STREET ADDRESS	<b>5613 MERRIMAC DR.</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34231</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DZIEWIT, ALEXANDER E.</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRZYBOWSKI, BOGDAN</b>	
STREET ADDRESS	<b>409 PARTRIDGE CIRCLE</b>	
CITY-ST-ZIP		

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: **ALEXANDER E. DZIEWIT** **4-29-03** **941-346-2263**

CR2E037 (10/02)