

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90022 022 ****61.25

DOCUMENT # 761604

1. Entity Name

THE POLISH-AMERICAN SOCIAL CLUB OF VERO BEACH, F

Principal Place of Business

Mailing Address

7500 N. US #1
 P.O. BOX 6508
 VERO BCH FL 32961

7500 N. US #1
 P.O. BOX 6508
 VERO BCH FL 32961-6508

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2242674

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~CHUDZINSKI, BARBARA~~
~~501 BELFAST TERRACE~~
~~SEBASTIAN FL 32958~~

Name **INGRID L. EDDY**

Street Address (P.O. Box Number is Not Acceptable)

918 YEW STREET

City **BAREFOOT BAY, FL** FL Zip Code **32976**

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 **INGRID L. EDDY TREASURER**

Ingrid L. Eddy 1-13-2000

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	<input checked="" type="checkbox"/> Delete
NAME	CHUDZINSKI, BARBARA	
STREET ADDRESS	501 BELFAST TERRACE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	POLACKWICH, APHONSUS J	
STREET ADDRESS	601 IRIS LANE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ANDREWS, EILEEN	
STREET ADDRESS	400 NORTH EGRET CIRCLE	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSTON, ALZADA	
STREET ADDRESS	15 ECUADOR WAY	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACKO, CATHERINE	
STREET ADDRESS	2485 LAT PLACE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OCHMANSKI, CHARLES	
STREET ADDRESS	P O BOX 650592 N/A	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRY KLIMAS PRES	
STREET ADDRESS	1756 27th Avenue	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAINE KOCOLOSKI	
STREET ADDRESS	538 PERSIMMON DR.	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGRID L. EDDY	
STREET ADDRESS	918 YEW STR.	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELEN YURKO	
STREET ADDRESS	1655 20th STREET SW	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANNY ZWEIGART	
STREET ADDRESS	3517 N.E. JEANNETTE DR.	
CITY-ST-ZIP	JENSEN BEACH, FL 329	

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: *Ingrid L. Eddy, Treasurer* Jan. 13, 2000 (561)664-5012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)