

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763344

1. Entity Name

AMERICAN INSTITUTE OF POLISH CULTURE - PINELLAS

Principal Place of Business

9190 49TH STREET NO.
PINELLAS PARK, FL 34666-2432
US

Mailing Address

9190 49TH STREET NO.
PINELLAS PARK, FL 33762-5228
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

59-2181830

Applied For

Not Applied For

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WEST, WALLACE M	
STREET ADDRESS	6507 107TH TERR N	
CITY-ST-ZIP	PINELLAS PARK, FL 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARKUT, KRYSZYNA	
STREET ADDRESS	1208 SO DUNCAN AVE	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KOLANKO, KAZIMIERZ	
STREET ADDRESS	14244 86TH AVE N	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LESNIAK, ZBIGNIEW	
STREET ADDRESS	5123 HUNTINGTON ST.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ABRAMOWICZ, WALTER	
STREET ADDRESS	2537 BLACKWOOD CIR. W.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STANESZEWSKI, ELIZABETH	
STREET ADDRESS	190 WOODBRIDGE CIR.	
CITY-ST-ZIP	OLDSMAR FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIELAWSKI, DOROTHY	
STREET ADDRESS	4321 GULF BLVD.	
CITY-ST-ZIP	ST. PETERSBURG BEACH, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

WEST, WALLACE M

1/18/00

Date

(727) 541-7875

Daytime Phone #