

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767462

1. Entity Name

UKRAINIAN AMERICAN CLUB OF THE PALM BEACHES INC.

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90076 009 ****61.25

Principal Place of Business

Mailing Address

603 NORTH DIXIE HWY.
LAKE WORTH FL 33460

603 NORTH DIXIE HWY.
LAKE WORTH FL 33460-3044

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

59-2375275

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

PAWLUK, JOHN
508 SHADY PINE WAY
GREENACRES FL 33463

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	DP	<input type="checkbox"/> Delete
NAME	BYK, OLGA	
STREET ADDRESS	603 S. DIXIE HWY.	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	T	<input type="checkbox"/> Delete
NAME	DRABYK, HELEN	
STREET ADDRESS	808 IVY RD.	
CITY-ST-ZIP	W. PALM BCH. FL 33414	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BYK, WILLIAM	
STREET ADDRESS	603 S DIXIE HWY	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	MARY S SCOTT	
STREET ADDRESS	9805-A Pecan Tree Dr.	
CITY-ST-ZIP	Bornton Bch, Fla. 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		<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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)