

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

**FILED**  
**May 21, 2003 8:00 am**  
**Secretary of State**

05-21-2003 90194 014 \*\*\*\*61.25

**DOCUMENT # 847533**

1. Entity Name

**LITHUANIAN NATIONAL FOUNDATION, INC.**



Principal Place of Business

~~351 HIGHLAND BLVD.~~ **307 W. 30th St.**  
~~BROOKLYN NY 11207-1910~~  
**New York, NY 1001-2723**

Mailing Address

~~351 HIGHLAND BLVD.~~ **307 W. 30th St.**  
~~BROOKLYN NY 11207-1910~~  
**New York, NY 1001-2723**

2. Principal Place of Business

**307 W. 30th St.**

3. Mailing Address

**307 W. 30th St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**New York NY**

City & State

**New York NY**

Zip

Country

**10001-2723**

Zip

Country

**10001-2723**

4. FEI Number **51-0172223**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NAKAS, NAKUTAVICUS  
7119 TOLEDO RD  
SPRING HILL FL 34606**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VC	<input type="checkbox"/> Delete
NAME	VILGALYS, JONAS	
STREET ADDRESS	36 HICKS LANE	
CITY-ST-ZIP	GREAT NECK NY	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VEDECKAS, ALGIS	
STREET ADDRESS	68 FAIRWATER AVENUE	
CITY-ST-ZIP	MASSAPEQUA NY	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GIEDRAITIS, JUOZAS	
STREET ADDRESS	10 BARRY DRIVE	
CITY-ST-ZIP	E NORTHPORT NY	
TITLE	COBD	<input type="checkbox"/> Delete
NAME	VALAITIS, JURGIS	
STREET ADDRESS	190 DAVENPORT DR	
CITY-ST-ZIP	STAMFORD CT	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAINIUS, JONAS	
STREET ADDRESS	3 CLARE DR	
CITY-ST-ZIP	E NORTHPORT NY	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRAZENAS-PARONETTO, NIJOLE	
STREET ADDRESS	65 ROCKLAND RD	
CITY-ST-ZIP	SPARKILL NY 10976	

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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REMEZA, EVALDAS	
STREET ADDRESS	79 BLACKBURN LA	
CITY-ST-ZIP	HANHASSET NY	
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**

**05/15/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)