

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000625

Entity Name

POLISH AMERICAN CONGRESS CHARITABLE FOUNDATION, INC.

Principal Place of Business

711 N. MILWAUKEE AVENUE  
CHICAGO IL 60646

Mailing Address

5711 N. MILWAUKEE AVENUE  
CHICAGO IL 60646

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-2732238

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

BEREZNICKI, BOGDAN  
2902 CAPTIVA DR  
SARASOTA FL 34231

Name

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

City

FL

Zip Code

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

FILE NAME VCT  
STREET ADDRESS KUCZYNSKI, LES  
CITY-STATE-ZIP 6100 N. CICERO AVENUE  
CHICAGO IL ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

FILE NAME D  
STREET ADDRESS NOWOTARSKI, CHRISTOPHER  
CITY-STATE-ZIP 221 N LASELLE ST 32ND FLOOR  
CHICAGO IL 60601 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

FILE NAME D  
STREET ADDRESS TOKARSKI, STEVE  
CITY-STATE-ZIP 7803 W. 75TH AVENUE  
SCHERERVILLE IN 46375 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

FILE NAME PT  
STREET ADDRESS MOSKAL, EDWARD J.  
CITY-STATE-ZIP 6100 N. CICERO AVENUE  
CHICAGO IL ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

FILE NAME VPT  
STREET ADDRESS LYTELL, DELPHINE  
CITY-STATE-ZIP 205 S NORTHWEST HWY  
PARK RIDGE IL 60068 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

FILE NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-4-02 773-763-9944



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)