

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90364 045 *****70.00

DOCUMENT # N01000001266

1. Entity Name

POLISH EDUCATIONAL AND CULTURAL FOUNDATION, INC.

Principal Place of Business

**6411 EDGE-O-GROVE CIRCLE
 ORLANDO FL 32819**

Mailing Address

**6411 EDGE-O-GROVE CIRCLE
 ORLANDO FL 32819**

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

31-1758208

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

**BUSH, MARCELLA
 6411 EDGE-O-GROVE CIRCLE
 ORLANDO FL 32819**

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.

no changes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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 **D** ☐ Delete
 NAME **BUSH, MARCELL**
 STREET ADDRESS **6411 EDGE-O-GROVE CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **P/M** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MILEWSKI, RICHARD**
 STREET ADDRESS **2741 ROSE MOSS LANE**
 CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **V/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **DZIUBAN, CHARLES**
 STREET ADDRESS **3505 MERIVALE DRIVE**
 CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **T/D** ☐ Change ☒ Addition
 NAME **STELLA BONCLER**
 STREET ADDRESS **7613 PERSIAN CT**
 CITY-ST-ZIP **ORLANDO FL 32819-4629**

TITLE **D** ☐ Delete
 NAME **ODAHOWSKI, WILLIAM**
 STREET ADDRESS **1155 KERWOOD CIRCLE**
 CITY-ST-ZIP **OVIDO FL 32765**

TITLE **D** ☐ Change ☒ Addition
 NAME **ALBERT FLISS**
 STREET ADDRESS **604 WEBSTER AV**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701-6315**

TITLE **D** ☐ Delete
 NAME **KIJEK, JEAN**
 STREET ADDRESS **5325 CYPRESS DRIVE**
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **S/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **NOWICKI, MARIOLA**
 STREET ADDRESS **3857 GUILFORD ROAD**
 CITY-ST-ZIP **ORLANDO FL 32817**

TITLE ☐ Change ☐ 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:

Marcella Bush

01/09/02

407-352-6569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)