

2000 UNIFORM BUSINESS REPORT (UBR)

9/20/00-90002-030-\$61.25-\$61.25

DOCUMENT # N01240

1. Entity Name

AMERICAN-SLAVIC CLUB OF LEE COUNTY, INC.

FILED

00 OCT -2 AM 9:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
CAPE CORAL YACHT CLUB
4635 S.DEL PRADO BLVD.
CAPE CORAL FL 33904

Mailing Address
5510 S.W. 4TH PL.
APT. #205
CAPE CORAL FL 33904
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number 59-2190443 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KOWALCZYK, WALTER
5510 S.W. 4TH PL.
APT. 205
CAPE CORAL FL 33904

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
After September 13, 2000 min. will be \$236.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	KOWALCZYK, WALTER	5510 S.W. 4TH PL. APT. #205	CAPE CORAL FL 33904	<input type="checkbox"/> Delete
VP	MOCK, HELEN	13571 WILLOW BRIDGE DR.	N. FT. MYERS FL 33903	<input type="checkbox"/> Delete
VP	AREY, LOIS	4164 COUNTRY CLUB BLVD	CAPE CORAL FL 33904	<input checked="" type="checkbox"/> Delete
T	PASKIEWICZ, JOHN	4201 CORONADO PKWY	CAPE CORAL FL 33904	<input type="checkbox"/> Delete
D	MOORE, MARIAN	905 S.E. 23RD TERR	CAPE CORAL FL 33990	<input checked="" type="checkbox"/> Delete
D	WROBEL, MITCHEL	4020 S.E. 20 PL. APT.F-1	CAPE CORAL FL 33904	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VP	WOLONOSKY, BETTY	711 S.W. 10TH ST.	CAPE CORAL, FL 33991	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
SECRETARY	BRUM, MILDRED	3656 S.E. 8TH PLACE	CAPE CORAL, FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DIRECTOR	MOCK, ALBERT	13751 WILLOW BRIDGE DRV	N. FT. MYERS, FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DIRECTOR	OTEPKA, OTTO	4229 S.E. 19TH AVE.	CAPE CORAL, FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 817, 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 Walter Kowalczyk 941-549-6512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 9.29.00 Daytime Phone #

CR2E037 (5/00)

KE