5/3

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 31, 2001 8:00 am**
**Secretary of State**
05-03-2001 91103 035 ****61.25

DOCUMENT # N01240

1. Entity Name

AMERICAN-SLAVIC CLUB OF LEE COUNTY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| CAPE CORAL YACHT CLUB<br>4635 S.DEL PRADO BLVD.<br>CAPE CORAL FL 33904 | ~~5510 S.W. 4TH PL~~<br>~~APT. #205~~<br>~~CAPE CORAL FL 33904~~<br>~~US~~ |

[redacted]

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| | 4201 CORONADO PKWY |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. HOUSE |
| City & State | City & State CAPE CORAL, FL |
| Zip / Country | Zip 33904 / Country USA |

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 | 7. Name and Address of New Registered Agent |
|---|---|
| KOWALCZYK, WALTER<br>5510 S.W. 4TH PL.<br>APT. 205<br>CAPE CORAL FL 33904 | Name JOHN PASKIEWICZ<br>Street Address (P.O. Box Number is Not Acceptable)<br>4201 CORONADO PKWY<br>City CAPE CORAL, FL Zip Code 33904 |

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] PRESIDENT 4-23-01
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. CHANGE OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~P~~ D<br>KOWPLCZYK, WALTER<br>5510 S.W. 4TH PL. APT. #205<br>CAPE CORAL FL 33904 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P ☒ Change ☐ Addition<br>PASKIEWICZ, JOHN<br>4201 CORONADO PKWY<br>CAPE CORAL, FL 33904 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP ☒ Delete<br>MOCK, HELEN<br>13571 WILLOW BRIDGE DR.<br>N. FT. MYERS FL 33903 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP ☒ Change ☒ Addition<br>LA VOY, ANN<br>3010 S.E. 17TH AVE.<br>CAPE CORAL FL 33904 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP ☒ Delete<br>WOLONOSKY, BETTY<br>711 S.W. 10TH ST.<br>CAPE CORAL FL 33991 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP ☐ Change ☒ Addition<br>HANAK, JOANN<br>3831 N.W. 22ND TERR<br>CAPE CORAL, FL 33909 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T ☒ Delete<br>PASKIEWICZ, JOHN<br>4201 CORONADO PKWY<br>CAPE CORAL FL 33904 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T ☐ Change ☒ Addition<br>MOORE, MARIAN<br>905 S.E. 23RD TERR.<br>CAPE CORAL, FL 33990 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S ☐ Delete<br>BRUMO, MILDRED<br>3656 S.E. 8TH PLACE<br>CAPE CORAL FL 33904 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D ☐ Change ☐ Addition<br>OTEPKA, OTTO<br>4229 S.E. 19TH AVE<br>CAPE CORAL, FL 33904 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D ~~Vice~~<br>MOCK, ALBERT<br>13571 WILLOWBRIDGE DRV<br>N. FT. MYERS FL 33904 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D. MOCK, HELEN ☒ Change ☐ Addition<br>13571 WILLOW BRIDGE DRV.<br>N. FT, MYERS, FL 33903 |

CR2E037 (10/00)

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: JOHN PASKIEWICZ II PRESIDENT [signature] 4-23-01 941 542-4702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #