

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01240

1. Entity Name

AMERICAN-SLAVIC CLUB OF LEE COUNTY, INC.

Principal Place of Business

CAPE CORAL YACHT CLUB
35 S. DEL TRAPDO BLVD.
CAPE CORAL FL 33904

Mailing Address

4201 CORONADO PKWY
HOUSE
CAPE CORAL FL 33904
US

2. Principal Place of Business

CAPE CORAL Yacht Club

3. Mailing Address

MARIAN MOORE

Suite, Apt. #, etc.

5819 Driftwood Pkwy

Suite, Apt. #, etc.

905 S.E. 23 Terr

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

Zip

33904

Country

Lee

Zip

33990

Country

LEE

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

PASKIEWICZ, JOHN
4201 CORONADO PKWY
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

MARIAN MOORE

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

905 S.E. 23 Terr.

City

CAPE CORAL

City

FL

Zip Code

33990

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

Marian Moore

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

(NOTE: Registered Agent signature required when reinstating)

1/10/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PASKIEWICZ, JOHN	
STREET ADDRESS	4201 CORONADO PKWY	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LAVOY, ANN	
STREET ADDRESS	3010 SE 17TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HANAK, JOANN	
STREET ADDRESS	3831 NW 22ND TERR	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOORE, MARIAN	
STREET ADDRESS	905 SE 23RD TERR	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	D	<input type="checkbox"/> Delete
NAME	OTEPKA, OTTO	
STREET ADDRESS	4229 SE 19TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOCK, HELEN	
STREET ADDRESS	13751 WILLOWBRIDGE DRV	
CITY-ST-ZIP	N FT. MYERS FL 33904	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAVOY, ANN	
STREET ADDRESS	3010 S.E. 17th AVE	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD ZBIERANOWSKI	
STREET ADDRESS	2003 S.E. 8th Ter.	
CITY-ST-ZIP	CAPE CORAL, 33990	
TITLE	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILDRED BRUNO	
STREET ADDRESS	3656 S.E. 8th PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
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 Marian Moore

Date

1/10/02

Daytime Phone #

941-772-9314

CR2E037 (9/01)