

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90321 035 \*\*\*\*61.25

**DOCUMENT # N01240**

1. Entity Name  
**AMERICAN-SLAVIC CLUB OF LEE COUNTY, INC.**



Principal Place of Business  
**CAPE CORAL YACHT CLUB**  
**5819 DRIFTWOOD PKWY**  
**CAPE CORAL FL 33904**

Mailing Address  
**C/O MARIAN HOUSE**  
**905 SE 23 TERR**  
**CAPE CORAL FL 33990**  
**US**

2. Principal Place of Business

**SPORTSMAN YACHT Club**  
Suite, Apt. #, etc.  
**1401 S.E. 47 ST.**

3. Mailing Address

**Walter Kowalczyk**  
Suite, Apt. #, etc.  
**1219 SW 53 ST.**



☒ CHECK HERE IF MAKING CHANGES

City & State  
**CAPE CORAL, FL**

City & State  
**Cape Coral, FL**

4. FEI Number **59-2190443**

Applied For  
Not Applicable

Zip  
**33904**

Country  
**LEE**

Zip  
**33914**

Country  
**Lee**

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

6. Name and Address of Current Registered Agent

**MOORE, MARIAN**  
**905 SE 23 TERR**  
**CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

Name **Walter Kowalczyk**  
Street Address (P.O. Box Number is Not Acceptable)  
**1219 S.W. 53 ST.**  
**CAPE CORAL, FL**  
City **FL** Zip Code **33914**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **X** **Walter Kowalczyk** **04.28.03.**  
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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES</b> <b>LAVOY, ANN</b> <b>3010 SE 17TH AVE</b> <b>CAPE CORAL FL 33904</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ZBIERAIVOWSKI, RICHARD</b> <b>2003 SE 8TH TERR</b> <b>CAPE CORAL FL 33990</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC</b> <b>BRUNO, MILDRED</b> <b>3656 SE 8TH PL</b> <b>CAPE CORAL FL 33904</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MOORE, MARIAN</b> <b>905 SE 23RD TERR</b> <b>CAPE CORAL FL 33990</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OTEPKA, OTTO</b> <b>4229 SE 19TH AVE</b> <b>CAPE CORAL FL 33904</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOCK, HELEN</b> <b>13751 WILLOWBRIDGE DRV</b> <b>N FT. MYERS FL 33904</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**TREASURER**  
**WALTER KOWALCZYK**  
**1219 S.W. 53 ST.**  
**CAPE CORAL, FL 33914**

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: **X** **Walter Kowalczyk** **04.28.03. 239-5494853**

CR2E037 (10/02)