

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06517

1. Entity Name

POLISH HERITAGE FOUNDATION OF THE UNIVERSITY OF

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90127 011 ****61.25

Principal Place of Business

Mailing Address

3529 EDENWOOD DR
HOLIDAY FL 34691-1217
US

3529 EDENWOOD DR
HOLIDAY FL 34691-1217
US

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

59-0624459

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

RADZIKOWSKI, VINCENT W
3529 EDENWOOD DR.
HOLIDAY FL 34691

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

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	PD	<input checked="" type="checkbox"/> Delete
NAME	ZIARKO, CASIMIR	
STREET ADDRESS	5931 42 AVENUE N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MISIEWIEZ, JANE	
STREET ADDRESS	5700 3RD ST. S	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	COCHRAN, RENATTA F.	
STREET ADDRESS	2320 SETON LANE	
CITY-ST-ZIP	LARGO FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RADZIKOWSKI, VINCENT	
STREET ADDRESS	3529 EDENWOOD DR.	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SZCZESNAKOWSKI, MONICA	
STREET ADDRESS	3104 CLOVEWOOD PL	
CITY-ST-ZIP	SEFFNER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRGS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RENATTA F. COCHRAN	
STREET ADDRESS	11432 Cimarron Cir. W.	
CITY-ST-ZIP	LARGO, FL. 33774	
TITLE	1st VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISIEWIEZ, JANE	
STREET ADDRESS	5700 3rd St. S.	
CITY-ST-ZIP	ST. PETERSBURG, FL.	
TITLE	2nd VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MISIEWIEZ, JANE	
STREET ADDRESS	5700 3rd St. S.	
CITY-ST-ZIP	ST. PETERSBURG, FL.	
TITLE	3rd VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Printz, Christine	
STREET ADDRESS	545 Palmer Rd.	
CITY-ST-ZIP	Belleair Bluffs, FL.	
TITLE	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rydzanica, Florence	
STREET ADDRESS	110 Cordova Greens	
CITY-ST-ZIP	Largo, FL	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Radzikowski, Vincent	
STREET ADDRESS	3529 Edenwood Dr.	
CITY-ST-ZIP	Holiday, FL	

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

Vincent St. Radzikowski

4-15-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)