

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/1

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90086 038 \*\*\*150.00

DOCUMENT # **N06517**

EIN#59-0624459

1. Entity Name  
**Polish Heritage Foundation of the University of Tampa, Inc.**

Principal Place of Business Mailing Address  
**545 Palmer Road**  
**Belleair Bluffs, FL 33770**

2. Principal Place of Business 3. Mailing Address  
**545 Palmer Road**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Belleair Bluffs, FL**

City & State City & State

Zip Country Zip Country  
**33770 USA**

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

**Robert A. Printz**  
**545 Palmer Road**  
**Belleair Bluffs, FL 33770**

7. Name and Address of New Registered Agent

Name **Robert A. Printz**  
Street Address (P.O. Box Number is Not Acceptable)  
**545 Palmer Road**

City **Belleair Bluffs, FL** Zip Code **33770**

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 **Robert A. Printz, Treasurer/ TD**  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE **03/26/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☒ Delete  
NAME **Treasurer**  
STREET ADDRESS **Radzikowski, Vincent**  
CITY-STATE-ZIP **3529 Edenwood Dr. Holiday, FL 34691**

TITLE ☒ Delete  
NAME **TD**  
STREET ADDRESS **Radzikowski, Vincent**  
CITY-STATE-ZIP **3529 Edenwood Dr. Holiday, FL 34691**

TITLE ☒ Delete  
NAME **third-Vice-President**  
STREET ADDRESS **Printz, Christine**  
CITY-STATE-ZIP **545 Palmer Road**

TITLE ☒ Delete  
NAME **Belleair Bluffs, FL 33770**  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **Treasurer**  
STREET ADDRESS **Printz, Robert A.**  
CITY-STATE-ZIP **545 Palmer Road Belleair Bluffs, FL 33770**

TITLE ☒ Change ☐ Addition  
NAME **TD**  
STREET ADDRESS **Printz, Robert A.**  
CITY-STATE-ZIP **545 Palmer Road Belleair Bluffs, FL 33770**

TITLE ☒ Change ☐ Addition  
NAME **Third Vice-President**  
STREET ADDRESS **Higgins (Wojnar), Monica**  
CITY-STATE-ZIP **1610 Clark Street Clearwater, FL 33755**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☒ Change ☐ Addition  
NAME **Second Vice-President**  
STREET ADDRESS **Graziul, Stanley**  
CITY-STATE-ZIP **18635 Anglewood Drive Hudson, FL 34667**

TITLE ☒ Change ☐ Addition  
NAME **First Vice-President**  
STREET ADDRESS **Misiewicz, Jane**  
CITY-STATE-ZIP **5700 3rd Street South St. Petersburg, FL 33705**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 195.07(5)(b), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert A. Printz**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-585-0522

Date: **03/26/01** Daytime Phone #

CR2E034 (11/00)