

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90048 024 ****61.25

DOCUMENT # N06517

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

545 PALMER ROAD
 BELLEAIR BLUFFS FL 33770
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0624459

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PRINTZ, ROBERT A
545 PALMER ROAD
BELLEAIR BLUFFS FL 33770

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 ☐ Delete
 NAME **TD**
 STREET ADDRESS **PRINTZ, ROBERT A**
 CITY-ST-ZIP **545 PALMER RD**
BELLEAIR BLUFFS FL 33770

TITLE ☐ Change ☒ Addition
 NAME **PD**
 STREET ADDRESS **Renatta Cochran**
 CITY-ST-ZIP **1432 Cimarron circle**

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **PRINTZ, ROBERT A**
 CITY-ST-ZIP **545 PALMER ROAD**
BELLEAIR BLUFFS FL 33770

TITLE ☐ Change ☐ Addition
 NAME **LARGO FL 33174**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **TVPD**
 STREET ADDRESS **HIGGINS (WOJNAR), MONICA**
 CITY-ST-ZIP **1610 CLARK STREET**
CLEARWATER FL 33755

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

TITLE ☐ Delete
 NAME **SVPD**
 STREET ADDRESS **GRAZIUL, STANLEY**
 CITY-ST-ZIP **18635 ANGLEWOOD DRIVE**
HUDSON FL 34667

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

TITLE ☐ Delete
 NAME **FVPD**
 STREET ADDRESS **MISIEWICZ, JANE**
 CITY-ST-ZIP **5700 3RD STREET SOUTH**
SAINT PETERSBURG FL 33705

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-02

727-585-0522

Date Daytime Phone #

CR2E037 (9/01)