

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90253 007 \*\*\*\*61.25

**DOCUMENT # N14553**

1. Entity Name

**UKRAINIAN-AMERICAN SOCIETY OF DAYTONA BEACH AND VICINITY, INC.**

Principal Place of Business

Mailing Address

**UKRAINIAN AMERICAN SOC.  
 1328 HURST ST  
 DAYTONA BEACH FL 32117  
 US**

**UKRAINIAN AMERICAN SOC.  
 1328 HURST ST  
 DAYTONA BEACH FL 32117  
 US**

BU088753



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2694252**

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

**KOWAL, WALTER  
 507 JESSAMINE BLVD.  
 DAYTONA BEACH FL 32118**

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 **PD KOWAL, WALTER**  
 STREET ADDRESS **507 JAESSAMINE BLVD**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32118**

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

TITLE ☐ Delete  
 NAME **VD CHIPOK, STELA**  
 STREET ADDRESS **43 FISHER LANE**  
 CITY-ST-ZIP **PALM COAST FL 32137**

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

TITLE ☐ Delete  
 NAME **SD HANUSZCZAK, VIRA**  
 STREET ADDRESS **191 ORCHARD STREET**  
 CITY-ST-ZIP **PORT ORANGE FL 32127**

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

TITLE ☒ Delete  
 NAME **TD WASYL, BASNIAK**  
 STREET ADDRESS **1659 APACHE CIRCLE**  
 CITY-ST-ZIP **DELTONA FL 32725**

TITLE ☒ Change ☐ Addition  
 NAME **T/D MIZUR ONUFREY**  
 STREET ADDRESS **1060 CHELSEA WAY**  
 CITY-ST-ZIP **PORT ORANGE, FL 32119**

TITLE ☐ Delete  
 NAME **MD MADEJA, OSYD**  
 STREET ADDRESS **130 S PENINSULA DRIVE**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32118**

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

TITLE ☐ Delete  
 NAME **LC WOLOSHYN, LIDA**  
 STREET ADDRESS **435 BONCHELLE DR #202**  
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE ☐ Change ☐ 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:** *Walter Kowal* **WALTER KOWAL / pres / 4/19/02 386-258-3318**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)