

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90181 017 *****61.25

DOCUMENT # N31712

1. Entity Name

POLISH AMERICAN SOCIAL CLUB OF BEVERLY HILLS, IN C.

Principal Place of Business

Mailing Address

**PO BOX 640125
 BEVERLY HILLS FL 34464**

**PO BOX 640125
 BEVERLY HILLS FL 34464**

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

59-2965314

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

**BRETT, H. JAMES
 20093 E PENSYPANIA AVE
 DUNNELLON FL 34432**

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 **P**
 STREET ADDRESS **WARHOL, MARYLOU**
 CITY-ST-ZIP **503 S BARBOUR STREET
 BEVERLY HILLS FL 34465**

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

TITLE ☐ Delete
 NAME **TR**
 STREET ADDRESS **DEMROWICZ, DOLORES**
 CITY-ST-ZIP **3773 N HONEYLOAST DRIVE
 BEVERLY HILLS FL 34465**

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

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **DEMBKOWSKI, CHESTER J**
 CITY-ST-ZIP **84 W. ROYAL FERN PL
 BEVERLY HILLS FL 34465**

TITLE ☒ Change ☒ Addition
 NAME **TR**
 STREET ADDRESS **503 S MONROE ST.**
 CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE ☐ Delete
 NAME **TR**
 STREET ADDRESS **LOPRESTI, MIKE**
 CITY-ST-ZIP **8 MONTANA ST.
 BEVERLY HILLS FL 34465**

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

TITLE ☒ Delete
 NAME **TR**
 STREET ADDRESS **MIKUTEL, JOHN**
 CITY-ST-ZIP **111 GOLDEN TUFF CT.
 BEVERLY HILLS FL 34465**

TITLE ☐ Change ☒ Addition
 NAME **TRUSTEE**
 STREET ADDRESS **JOSEPHINE SZTORMA**
 CITY-ST-ZIP **217 S HARRISON ST
 BEVERLY HILLS FL 34465**

TITLE ☐ Delete
 NAME **1VP**
 STREET ADDRESS **ZADROGA, BEVERLY**
 CITY-ST-ZIP **214 S JACKSON STREET
 BEVERLY HILLS FL 34465**

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0087478