

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90133 045 \*\*\*\*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 Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.  
City & State City & State



CHECK HERE IF MAKING CHANGES

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

**7. Name and Address of New Registered Agent**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WARHOL, MARYLOU</b>	
STREET ADDRESS	<b>503 S BARBOUR STREET</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>	
TITLE	<b>TR</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DEMKOWICZ, DOLORES</b>	
STREET ADDRESS	<b>3773 N HONEYLOCST DRIVE</b>	
CITY-ST-ZIP	<b>BEVERLY-HILLS FL-34465</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HAYES, ALBERT J</b>	
STREET ADDRESS	<b>503 S. MONROE STREET</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> Delete
NAME	<b>LOPRESTI, MIKE</b>	
STREET ADDRESS	<b>8 MONTANA ST.</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>	
TITLE	<b>TR</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SZTURMA, JOSEPHINE</b>	
STREET ADDRESS	<b>217 S. HARRISON STREET</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>	
TITLE	<b>1VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ZADROGA, BEVERLY</b>	
STREET ADDRESS	<b>214 S JACKSON STREET</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELEANOR L LIPSKI</b>	
STREET ADDRESS	<b>3310 N. TAMARISK AVE</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS, F 34465</b>	
TITLE	<b>TR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARGARET WEST</b>	
STREET ADDRESS	<b>2838 E. NEW HAVEN</b>	
CITY-ST-ZIP	<b>INVERNESS, FL 34452</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SZTURMA JOSEPHINE</b>	
STREET ADDRESS	<b>217 S. HARRISON ST</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS, FL 34465</b>	
TITLE	<b>TR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOANNE DUNTON</b>	
STREET ADDRESS	<b>14 TALL MARIGOLDS</b>	
CITY-ST-ZIP	<b>HOMASASSA, FL 34446</b>	
TITLE	<b>1VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LORRAINE WILMOTH</b>	
STREET ADDRESS	<b>425 W. SUGARMAPLE LANE</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>	

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: *Josephine Szturma*

4/1/03 (312) 746-5471

CR2E037 (10/02)