

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42240

1. Entity Name

POLISH AMERICAN HERITAGE SOCIETY OF PENSACOLA, I

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90062 021 ****61.25

Principal Place of Business

904 N 57TH ST
PENSACOLA FL 32506-4658

Mailing Address

5090 LEESWAY TERR
PENSACOLA FL 32504-4324
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3049963

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOHMS, BENIGNE
5090 LEESWAY TERRACE
PENSACOLA FL 32504

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.

SIGNATURE

Benigne Dohms

Benigne Dohms

April 20, 2000

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LYSEK, PETE	
STREET ADDRESS	3449 STEFANI RD	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	NAUMOWICZ, BETSY	
STREET ADDRESS	1841 CANDLEWOOD DR	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	PPD	<input checked="" type="checkbox"/> Delete
NAME	DOHMS, BENIGNE	
STREET ADDRESS	5090 LEESWAY TERR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIORO, VERONICA	
STREET ADDRESS	813 E. BLOODWORTH LANE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	TID	<input type="checkbox"/> Delete
NAME	DOHMS, PETERS	
STREET ADDRESS	5090 LEESWAY TERR	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President (PD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Benigne Dohms	
STREET ADDRESS	5090 Leesway Terr	
CITY-ST-ZIP	Pensacola, FL 32504	
TITLE	Vice President (VPD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	E. Zygłowa Kulikowski	
STREET ADDRESS	6037 Riverchase	
CITY-ST-ZIP	Milton, FL 32583	
TITLE	Past President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pete Lysek	
STREET ADDRESS	3449 Stefani Rd	
CITY-ST-ZIP	Cantonment, FL 32533	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Benigne Dohms BEQ Benigne Dohms

April 20, 2000

850/477-0454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)