

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2002 8:00 am
Secretary of State

08-21-2002 90049 006 ****61.25

DOCUMENT # N42240

1. Entity Name

POLISH AMERICAN HERITAGE SOCIETY OF PENSACOLA, I NC.

Principal Place of Business

904 N 57TH ST
PENSACOLA FL 32506-4658

Mailing Address

5090 LEESWAY TERR
PENSACOLA FL 32504
US

123940



DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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 ☐ Delete
NAME DOHMS, BENIGNE
STREET ADDRESS 5090 LEESWAY TERR
CITY-ST-ZIP PENSACOLA FL 32504

TITLE VPD ☒ Delete
NAME KULIKOWSKI, E Z
STREET ADDRESS 6031 RIVERCHASE
CITY-ST-ZIP MILTON FL 32583

TITLE PR D ☐ Delete
NAME LYSCH, PETE
STREET ADDRESS 3449 STEFANI RD
CITY-ST-ZIP CANTONMENT FL 32533

TITLE TD ☐ Delete
NAME DOHMS, PETERS
STREET ADDRESS 5090 LEESWAY TERR
CITY-ST-ZIP PENSACOLA FL 32504

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VPD ☐ Change ☒ Addition
NAME NEWCOMB, Lilli
STREET ADDRESS 533 North 73rd Ave
CITY-ST-ZIP Pensacola, FL 32506-5141

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

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

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

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: *SIG Peter H. Dohms* **REQUIRE** *treasurer + Director* July 3, 2002 850-477-0454

CR2E037 (4/02)