

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90043 011 \*\*\*\*61.25

**DOCUMENT # N50741**

1. Entity Name

**CROATIAN AMERICAN CLUB OF FLORIDA INC.**

Principal Place of Business

**7047 SUNSET DRIVE  
SOUTH PASADENA FL 33707  
US**

Mailing Address

**P.O. BOX 41492  
ST PETERSBURG FL 33743-1492  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3152106**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75\*Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HORVATICH, IVANKA  
11506 WHISPERING HOLLOW DR  
TAMPA FL 33635**

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

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 type="checkbox"/> Delete
NAME	SPALATIN, MARIO	
STREET ADDRESS	1131 CRESCENT ST.	
CITY-ST-ZIP	SARASOTA FL 34242	

TITLE	VD	<input type="checkbox"/> Delete
NAME	WINKLER, SILVIA	
STREET ADDRESS	10825 INDIAL HILLS DR	
CITY-ST-ZIP	LARGO FL 33777	

TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTINOVICH, MARIA	
STREET ADDRESS	210 WOODLAND CT	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	

TITLE	S	<input type="checkbox"/> Delete
NAME	BOULTON, ANN-MARIE	
STREET ADDRESS	15 KELLEY'S TRAIL	
CITY-ST-ZIP	OLDSMAR FL 34677	

TITLE	SOC	<input type="checkbox"/> Delete
NAME	MARINOVICH, MARINKO	
STREET ADDRESS	210 WOODLAND CT	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PRINCE, LJUBICA	
STREET ADDRESS	1003 -7TH ST S.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	

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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Altschaft, Tatjana</b>
STREET ADDRESS	<b>3689 Imperial Ridge Pkwy.</b>
CITY-ST-ZIP	<b>Palm Harbor, FL 34684</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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Feb. 18, 2001 941-349-5059**

Date

Daytime Phone #

CR2E037 (10/00)