

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 94000003736

1. Entity Name SUPPORTERS OF POLISH ANTARCTIC STATION I

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90095 014 ****61.25

Principal Place of Business
100 Pierson Ln.
Sarasota, Fl. 34242

Mailing Address
P.O. Box 18781
Sarasota, Fl. 34276

C0072787

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 65- 0520721

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ZBIGNIEW M. HASZAKIEWICZ
5051 Kestral Park Dr.
Sarasota, Fl. 34231

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 ZWIERSKI Jadwiga
STREET ADDRESS 100 Pierson Ln.
CITY-ST-ZIP Sarasota, Fl. 34242

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS Dec Jan
CITY-ST-ZIP 5522 Substation Rd.
Venice, Fl. 34283

TITLE ☐ Delete
NAME Chairman
NAME PONCET Wladyslaw
STREET ADDRESS 1404 Casey Key Rd.
CITY-ST-ZIP Nokomis, Fl. 34275

TITLE ☐ Change ☐ Addition
NAME D
NAME Grzybowski Bogdan
STREET ADDRESS 409 Partridge Cir.
CITY-ST-ZIP Sarasota, Fl. 34236

TITLE ☐ Delete
NAME KOZLOWSKA Krystyna
STREET ADDRESS 7284 Cloister Dr.
CITY-ST-ZIP Sarasota, Fl. 34231

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

TITLE ☐ Delete
NAME Secretary
NAME Pogonowska Magdalena
STREET ADDRESS 988 Blvd. Of The Art
CITY-ST-ZIP Sarasota, Fl. 34236

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

TITLE ☐ Delete
NAME Director
NAME Madura Anna
STREET ADDRESS 3614 57th Av. Dr.
CITY-ST-ZIP Bradenton, Fl. 32210

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

TITLE ☐ Delete
NAME Wagner Wienczyslaw
STREET ADDRESS 3365 Sandleheath
CITY-ST-ZIP Sarasota, Fl. 34231

TITLE ☐ Change ☐ Addition
NAME
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:

Krystyna Kozlowski

4-18-2000

941-923-2577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20037 (9/99)