

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003736 (5)

1. Entity Name  
SUPPORTERS OF POLISH ANTARCTIC STATION INC.

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90031 034 \*\*\*\*61.25

Principal Place of Business  
100 PIERSON Lane  
SARASOTA, FL. 34232

Mailing Address  
P.O. Box 18781  
SARASOTA, FL. 34276

A0055167

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0521721		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HASZLAKIEWICZ ZBIGNIEW M  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD ZWIERSKI, JADWIGA Lane 100 PIERSON Sarasota, FL 34232	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER WIENCZYSLAW 3365 SANDLEHEATH SARASOTA, FL 34231	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MADURA, ANNA 3614 57TH CTR DR.W BRADENTON, FL 34210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POGONOWSKA MAGDALENA 988 BULVD. OF THE ARTS SARASOTA, FL 34236	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDN PONCET, WLADYSLAW 1404 CASEY KEY RD NOKOMIS, FL 34275	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOZLOWSKI, KRISTYNA 7284 CLOISTER DR SARASOTA, FL 34321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HASZLAKIEWICZ, ZBIGNIEW 5051 KESTRAL PARK DR SARASOTA, FL 34231	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRZYBOWSKI BOHDAN 409 PARTRIDGE CIR SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

*Krystyna Kozlowski*

4/17/01 (941) 923-2577

Date

Daytime Phone #

CR2E037 (11/00)