

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005720

1. Entity Name

COUNT DR. ALBERT WASS DE CZEGE FOUNDATION, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90079 009 ****61.25

Principal Place of Business

Mailing Address

C/OARPAD SZEKELY
1145 ROXBORO RD
LONGWOOD FL 32750
US

C/O ARPAD SZEKELY
1145 ROXBORO RD
LONGWOOD FL 32750-6236
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3277992

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

SZEKELY, ARPAD
1145 ROXBORO ROAD
LONGWOOD FL 32750

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 D ☒ Delete
NAME WASS, ALBERT
STREET ADDRESS 54729 CEDAR CREST RD
CITY-ST-ZIP ASTOR FL 32102

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

TITLE D ☐ Delete
NAME BANKUTY, GEZA E
STREET ADDRESS 705 KEY ROYAL
CITY-ST-ZIP HOLMES BEACH FL 33510

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

TITLE D ☐ Delete
NAME KISS, GABRIEL G
STREET ADDRESS 5324 PINEVIEW WAY
CITY-ST-ZIP APOPKA FL 32703

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

TITLE D ☐ Delete
NAME DEMETER, BELA
STREET ADDRESS 806 S SUMMERLIN AVE
CITY-ST-ZIP ORLANDO FO

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

TITLE D ☐ Delete
NAME SZEKELY, ARPAD
STREET ADDRESS 1145 ROXBORO RD
CITY-ST-ZIP LONGWOOD FL 32750

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

TITLE D ☒ Delete
NAME ELISABETH, FESUS
STREET ADDRESS 1605 POCATELLO ST
CITY-ST-ZIP SARASOTA FL

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: *Arpad Szekeley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-04-00 407-831-7948

CR2E037 (9/99)