

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005720

1. Entity Name

COUNT DR. ALBERT WASS DE CZEGE FOUNDATION, INC.

FILED

Jan 31, 2001 8:00 am  
Secretary of State

01-31-2001 90323 044 \*\*\*\*61.25

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

2820 62nd AVE EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BRADENTON, FL.

Zip

Country

Zip

Country

34203

MANATEE

4. FEI Number

59-3277992

Applied For

Not Applicable

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

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

GEZA BAKUTY, DIRECTOR

1/23/01

Signature, type 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  
D  
BANKUTY, GEZA E  
705 KEY ROYAL  
HOLMES BEACH FL 33510 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ILONA BANKUTY  
705 KEY ROYAL  
HOLMES BEACH, FL. 33510 ☐ Change ☒ Addition

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

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

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

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

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

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

TITLE  
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CITY-ST-ZIP  
  
  
  
  
☐ Delete

TITLE  
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☐ Change ☐ Addition

TITLE  
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☐ Delete

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

DIRECTOR (941)755-5550 1/23/01

Date

Daytime Phone #

CR2E037 (10/00)