

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90200 023 ****61.25

DOCUMENT # N94000005720

1. Entity Name

COUNT DR. ALBERT WASS DE CZEGE FOUNDATION, INC.

Principal Place of Business

**C/OARPAD SZEKELY
 1145 ROXBORO RD
 LONGWOOD FL 32750
 US**

Mailing Address

**2820 62ND AVE EAST
 BRADENTON FL 34203
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**BANKUTY, GEZA
 2820 62ND AVE EAST
 BRADENTON FL 34203**

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 E. BANKUTY, DIRECTOR**

Signature of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/24/2002

DATE

FILE NOW: FEE IS \$61.25

#530

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 **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 **BANKUTY, ILONA**
 STREET ADDRESS **705 KEY ROYAL**
 CITY-ST-ZIP **HOLMES BEACH FL 33510**

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 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: **GEZA E. BANKUTY, DIRECTOR**

1/24/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)