

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004201

1. Entity Name

POLISH CENTER OF JOHN PAUL II, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 17 AM 9:31

00011000



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1521 NORTH SATURN AVE.
CLEARWATER FL 33758

Mailing Address

1521 NORTH SATURN AVE.
CLEARWATER FL 33755-2922

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

4. FEI Number

59-3335866

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

PYZ, JERZY
5071 10TH AVE. N.
ST. PETERSBURG FL 33710

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 PD
NAME PYZ, JERZY
STREET ADDRESS 5071 10TH AVE. N.
CITY-ST-ZIP ST. PETERSBURG FL 33710 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
400003178224-2
-03/21/00-01095-011
*****61.25 *****61.25

TITLE VD
NAME OSINSKI, LEOPOLD
STREET ADDRESS 929 S. DAKOTA
CITY-ST-ZIP TAMPA FL 33608 ☐ Delete

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

TITLE TD
NAME GLOWACKI, RICHARD T
STREET ADDRESS 824 ELMWOOD CIRCLE
CITY-ST-ZIP GEMINOLE FL 33777 ☒ Delete

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

TITLE SD
NAME OGRODNY, ZOFIA
STREET ADDRESS 415 CORONADO DR.
CITY-ST-ZIP CLEARWATER BEACH FL 33767 ☐ Delete

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

TITLE D
NAME BIEDAL, MAREK
STREET ADDRESS 7267 ORKNEY AVE. N.
CITY-ST-ZIP ST. PETERSBURG FL 33709 ☐ Delete

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

TITLE D
NAME ISKRA, KRYSZYNA
STREET ADDRESS 1733 CASEY JONES CT.
CITY-ST-ZIP CLEARWATER FL 33765 ☐ Delete

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

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.

JERZY PYZ

SIGNATURE:

SIGNATURE REQUIRED

PRESIDENT

1/26/00

727-298-860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #