

2002 UNIFORM BUSINESS REPORT (UBR)

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

0042952

04-11-2002 90684 045 ****61.25

DOCUMENT # N95000004201

1. Entity Name

POLISH CENTER OF JOHN PAUL II, INC.

Principal Place of Business

Mailing Address

1521 NORTH SATURN AVE.
 CLEARWATER FL 33758

1521 NORTH SATURN AVE.
 CLEARWATER FL 33758

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

59-3335866

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

GLOWACKI, ANDREW
3958 TALAH DRIVE
PALM HARBOR FL 34684

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** ☐ Delete
 NAME **GLOWACKI, ANDREW**
 STREET ADDRESS **3958 TALAH DRIVE.**
 CITY-ST-ZIP **ST. PETERSBURG FL 34684**

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

TITLE **VD** ☐ Delete
 NAME **BERESNIEWICZ, JOLANTA**
 STREET ADDRESS **3816 104 AVE N**
 CITY-ST-ZIP **CLEARWATER FL 33762**

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

TITLE **SD** ☐ Delete
 NAME **OGRODNY, ZOFIA**
 STREET ADDRESS **140 BRIGHT-WATER DR**
 CITY-ST-ZIP **CLEARWATER BEACH FL 33767**

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

TITLE **D** ☐ Delete
 NAME **KARWOWSKI, ZYGMUNT**
 STREET ADDRESS **1160 BLUFFS CIRCLE**
 CITY-ST-ZIP **DUNEDIN FL 34698**

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

TITLE **D** ☐ Delete
 NAME **PRZTCHODZEN, BUNIA**
 STREET ADDRESS **3076 KAROK KOVE DR**
 CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE ☒ Change ☐ Addition
 NAME **PRZYCHODZEN, BUNIA**
 STREET ADDRESS **same**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **WKADYSKAW, KOT**
 STREET ADDRESS **335 S HIGHLAND AVE**
 CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE ☒ Change ☐ Addition
 NAME **WLADYSLAW, KOT**
 STREET ADDRESS **same**
 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:

Andrew Glowacki **ANDREW GLOWACKI** 3-28-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)