

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004051

1. Entity Name

SENIOR CITIZEN POLISH CLUB, INC.

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

09-12-2000 90015 011 ****61.25

Principal Place of Business
 1521 N. SATURN AVENUE
 CLEARWATER FL 34618

Mailing Address
 P.O. BOX 7852
 CLEARWATER FL 33758

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3532692

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

DOKTORCZYK, CHESTER
 2793 SCOBEE DRIVE
 PALM HARBOR FL 34683-7214

Name

Walter Abramowicz

Street Address (P.O. Box Number is Not Acceptable)

2462 Brazilia Drive Apt. 54

City

Clearwater, Florida

FL

Zip Code

33763

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

Walter Abramowicz

(Walter Abramowicz)

9/2/00

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
After September 13, 2000 min. will be \$236.25

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

T
 KOLANKO, HELEN
 5725 12TH AVE. - N APT 806
 SAINT PETERSBURG FL 33710

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T
 ROGALSKI, EDWARD
 2891 ARMADILLO DR.
 PALM HARBOR FL 34683

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T
 DOKTORCZYK, CHESTER
 2793 SCOBEE DR.
 PALM HARBOR FL 34683

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
 OSSINSKI, LEOPOLD
 929 S. DAKOTA AVE.
 TAMPA FL 33606

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
 ABRAMOWICZ, WALTER
 2537 BLACK WOOD CIR.
 CLEARWATER FL 33763

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
 CHAPINSKI, DR. BRONISLAW
 4300 22ND STREET N.
 SAINT PETERSBURG FL 33714

☐ 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:

Walter Abramowicz

(Walter Abramowicz)

9/2/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)