2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State
06-29-2001 90001 034 ****61.25

DOCUMENT # N98000004051

1. Entity Name

SENIOR CITIZEN POLISH CLUB, INC.

Principal Place of Business	Mailing Address
1521 N. SATURN AVENUE CLEARWATER FL 34618	P.O. BOX 7852 CLEARWATER FL 33758

DO NOT WRITE IN THIS SPACE

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 59-3532692 ☐ 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
ABRAMOWICZ, WALTER 2462, BRAZILIA DRIVE APT 54 CLEARWATER FL 33763	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	T KOLANKO, HELEN 5725 12TH AVE. - N APT 806 SAINT PETERSBURG FL 33710	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEOPOLD OSINSKI 929 S.DAKOTA TAMPA, FL 33606	☒ 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	VP STANLEY STASIOW 6901 32 ND AVE. N. ST. PETERSBURG, FL 33710	☒ 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	T RICHARD T. GLOWACKI 224 ELMWOOD CIR. SEMINOLE, FL 33777	☒ 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	S HALIN KUBIK 6441 82ND AVE. N. PINELLAS PARK, FL 34665	☒ 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	D EDWARD ROGALSKI 2891 ARMADILLO DR. PALM HARBOR, FL34683	☒ 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	D WACLAW GORSKI 6645 1ST AVE. N. APT #201 ST. PETERSBURG, FL 33710	☒ Change ☐ Addition

CR2E037 (10/00)

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: Richard T. Glowacki SIGNATURE REQUIRED 7-19-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RICHARD T. GLOWACKI