

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006099

1. Entity Name

COMMITTEE FOR THE DISABLED CHILDREN FUND INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90027 036 ****70.00

Principal Place of Business
2211 GOLD OAK LANE
SARASOTA FL 34232

Mailing Address
2211 GOLD OAK LANE
SARASOTA FL 34232-6826

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0905804

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

Name

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

City

FL

Zip Code

BORNIK, GRAZYNA
2211 GOLD OAK LANE
SARASOTA FL 34232

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

T ☐ Delete
NAME GORCZYNSKI, ANDRZEJ
STREET ADDRESS 5405 MATTHEW CT
CITY-ST-ZIP SARASOTA FL 34231

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

T ☐ Delete
NAME MACIASZEK, JOLANTA
STREET ADDRESS 4323 KINGSTON LOOP
CITY-ST-ZIP SARASOTA FL 34238

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

T ☐ Delete
NAME KOWALIK, MACIE
STREET ADDRESS 409 MANATEE CT
CITY-ST-ZIP VENICE FL 34285

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

T ☐ Delete
NAME BORNIK, GRAZYNA
STREET ADDRESS 2211 GOLD OAK LANE
CITY-ST-ZIP SARASOTA FL 34232

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

T ☐ Delete
NAME GOROZYNSKI, KRZYSZTOF
STREET ADDRESS 5405 MATTHEW CT
CITY-ST-ZIP SARASOTA FL 34231

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

T ☐ Delete
NAME *[Signature]*
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/00 (941) 378-1299