

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90132 015 ****70.00

DOCUMENT # N98000006099

1. Entity Name

COMMITTEE FOR THE DISABLED CHILDREN FUND INC.

Principal Place of Business

**2211 GOLD OAK LANE
 SARASOTA FL 34232**

Mailing Address

**2211 GOLD OAK LANE
 SARASOTA FL 34232**

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 **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

**BORNIK, GRAZYNA
 2211 GOLD OAK LANE
 SARASOTA FL 34232**

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
 After September 12, 2001, 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 GORCZYNSKI, ANDRZEJ 5405 MATTHEW CT SARASOTA FL 34231 <input type="checkbox"/> Delete (3)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MACIASZEK, JOLANTA 4323 KINGSTON LOOP SARASOTA FL 34238 <input type="checkbox"/> Delete (6)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOWALIK, MACIEJ <input checked="" type="checkbox"/> 409 MANATEE CT VENICE FL 34285 <input type="checkbox"/> Delete (2)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BORNIK, GRAZYNA 2211 GOLD OAK LANE SARASOTA FL 34232 <input type="checkbox"/> Delete (1)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GORCZYNSKI, KRZYSZTOF <input checked="" type="checkbox"/> 5405 MATTHEW CT SARASOTA FL 34231 <input type="checkbox"/> Delete (7)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MERENA MIECZYSLAW 7959 Hyde Park Ave North Port FL 34287 <input type="checkbox"/> Delete (4)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHYLICKI, JAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4905 Swift Rd Sarasota FL 34231 (5)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gorczyński Krzysztof <input type="checkbox"/> Change <input type="checkbox"/> Addition 5405 Matthew Ct Sarasota FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Merena Mieczysław <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7959 Hyde Park Ave North Port FL 34287

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: Grazyna Borknik **09/15/01 941-398-1299**

CR2E037 (5/01)