

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 01, 2000 8:00 am**  
**Secretary of State**

06-01-2000 90276 027 \*\*\*\*61.25

DOCUMENT # **N99000003603**  
 1. Entity Name  
**POLISH AMERICAN CONGRESS**  
**FLORIDA WEST CENTRAL DIVISION, INC.**

Principal Place of Business Mailing Address  
**2902 CAPTIVA DR. 2902 CAPTIVA DR.**  
**SARASOTA FL 34231 SARASOTA FL 34231**

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 **59-3603214** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BEREZNICKI BOGDAN**  
**2902 CAPTIVA DR.**  
**SARASOTA FL. 34231-6918**

7. Name and Address of New Registered Agent  
 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	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	BEREZNICKI BOGDAN		STREET ADDRESS		
CITY-ST-ZIP	2902 CAPTIVA DR.		CITY-ST-ZIP		
	SARASOTA FL. 34231				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	WEST WALLACE M.		STREET ADDRESS		
CITY-ST-ZIP	6507 107TH TERRANCE NORTH		CITY-ST-ZIP		
	PINELLAS PARK FL. 33782				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	WIELGUS STANISLAW		STREET ADDRESS		
CITY-ST-ZIP	3645 ROCK ROYAL DR.		CITY-ST-ZIP		
	HOLIDAY FL. 34691				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CZKWIANIA NC GEORGE		STREET ADDRESS		
CITY-ST-ZIP	5113 TOWN 'N COUNTRY BLVD		CITY-ST-ZIP		
	TAMPA FL. 33615				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	DOMIANOWSKI ALFRED B.		STREET ADDRESS		
CITY-ST-ZIP	2007 6TH PLACE SW		CITY-ST-ZIP		
	LARGO FL. 33770				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	GLOWACKI RICHARD T.		STREET ADDRESS		
CITY-ST-ZIP	224 ELMWOOD CR.		CITY-ST-ZIP		
	SEMINOLE FL. 33777				

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** (727) 397-0469  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #