

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**  
 05-11-2001 90299 005 \*\*\*\*61.25

0006087

**DOCUMENT # N99000003603**

1. Entity Name

**POLISH AMERICAN CONGRESS FLORIDA WEST CENTRAL DI**

Principal Place of Business

Mailing Address

% BOGDAN BEREZNICKI  
 2902 CAPTIVA DRIVE  
 SARASOTA FL 34231-6918

% BOGDAN BEREZNICKI  
 2902 CAPTIVA DRIVE  
 SARASOTA FL 34231-6918

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

7. Name and Address of New Registered Agent

**BEREZNICKI, BOGDAN**  
**2902 CAPTIVA DRIVE**  
**SARASOTA FL 34231-6918**

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**

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 **VD** ☐ Delete  
 NAME **BEREZNICK, BOGDAN**  
 STREET ADDRESS **2902 CAPTIVA DRIVE**  
 CITY-ST-ZIP **SARASOTA FL 34231-6918**

TITLE **DP** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD** ☐ Delete  
 NAME **WEST, WALLY**  
 STREET ADDRESS **9190 49TH STREET N.**  
 CITY-ST-ZIP **PINELLAS PARK FL 33782-5228**

TITLE **DV** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **NOZNIK, ROBERT REV.**  
 STREET ADDRESS **2175 PINELLAS POINT DR. S.**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **DV** ☒ Change ☐ Addition  
 NAME **WIELGUS STANILAW**  
 STREET ADDRESS **3645 ROCK ROYAL DR.**  
 CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE **D** ☒ Delete  
 NAME **NALEPA, ANTONI**  
 STREET ADDRESS **220 DOGWOOD CIRCLE**  
 CITY-ST-ZIP **SEMINOLE FL 33777**

TITLE **DV** ☒ Change ☐ Addition  
 NAME **CZKWIANIANC GEORGE**  
 STREET ADDRESS **5113 TOWN'N COUNTRY BLVD**  
 CITY-ST-ZIP **TAMPA FL 33615**

TITLE **D** ☒ Delete  
 NAME **STACZEK, ROMAN**  
 STREET ADDRESS **9689 COMMODORE DRIVE**  
 CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **DT** ☒ Change ☐ Addition  
 NAME **GLOWACKI RICHARD T.**  
 STREET ADDRESS **224 ELMWOOD CR.**  
 CITY-ST-ZIP **SEMINOLE FL 33777**

TITLE **D** ☐ Delete  
 NAME **POMIANOWSKI, ALFRED**  
 STREET ADDRESS **2007 - 6TH PLACE SW**  
 CITY-ST-ZIP **LARGO FL 33770**

TITLE **DS** ☒ Change ☐ Addition  
 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:** *Richard T. Glowacki*

**RICHARD T. GLOWACKI** 4-24-01 (727) 397-0469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)