

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003603

1. Entity Name

POLISH AMERICAN CONGRESS FLORIDA WEST CENTRAL DIVISION INC.

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
NO CHANGES OR ADDITIONS

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

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

TITLE DV
NAME WIELGUS, STANILAW
STREET ADDRESS 3645 ROCK ROYAL DRIVE
CITY-ST-ZIP HOLIDAY FL 34691 ☐ Delete

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

TITLE DV
NAME CZKWIANIANC, GEORGE
STREET ADDRESS 5113 TOWN 'N COUNTRY BLVD
CITY-ST-ZIP TAMPA FL 33615 ☐ Delete

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

TITLE DT
NAME GLOWACKI, RICHARD T
STREET ADDRESS 224 ELMWOOD CR
CITY-ST-ZIP SEMINOLE FL 33777 ☐ Delete

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

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

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

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

TREASURER 4-18-02 (727)397-0469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0051989