

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90198 015 ****70.00

DOCUMENT # N99000006373

1. Entity Name

THE POLISH AMERICAN CLUB OF FORT LAUDERDALE, FLO

Principal Place of Business

Mailing Address

935 ROCK ISLAND ROAD
 NORTH LAUDERDALE FL 33068

935 ROCK ISLAND ROAD
 NORTH LAUDERDALE FL 33068-2313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0992085

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KULATZ, CONRAD S
633 SE THIRD AVE., STE. 4R
FORT LAUDERDALE FL 33301

Name
GRACE M. BRUKWICKI

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

City
DAVIE

FL

Zip Code
33325

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 **GRACE M. BRUKWICKI**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Grace M. Brukwicki 4/26/00

**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 **D** Delete
 NAME **MROCZKA, TERESA**
 STREET ADDRESS **9273 SW 8TH ST. #214**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **D** Change Addition
 NAME **SOSNOWKA, HALINA**
 STREET ADDRESS **5260 N. E. 26TH AVE.**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE **D** Delete
 NAME **LE VA, IRENE**
 STREET ADDRESS **550 NW 39TH AVE.**
 CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE **2nd VP** Change Addition
 NAME **KUCHNIK, JAN**
 STREET ADDRESS **1988 W. TERRA MAR DR.**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **D** Delete
 NAME **BRUKWICKI, ZENON**
 STREET ADDRESS **860 SOMERSET AVE.**
 CITY-ST-ZIP **DAVIE FL 33325**

TITLE **T** Change Addition
 NAME **KOLOCZEK, TERESA**
 STREET ADDRESS **2181 N. E. 67 ST #631**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE **P** Delete
 NAME **OLSZEWSKI, JERZY**
 STREET ADDRESS **935 HILLSBORO MILE**
 CITY-ST-ZIP **HILLSBORO BEACH FL 33062**

TITLE **P** Change Addition
 NAME **SOSNOWKA, EDWARD**
 STREET ADDRESS **5260 N. E. 26TH AVE.**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE **VP** Delete
 NAME **SOSNOWKA, HALINA**
 STREET ADDRESS **5260 NE 26TH AVE.**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE **VP** Change Addition
 NAME **PLUTA, HALINA**
 STREET ADDRESS **86 S. W. 9TH AVE.**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **S** Delete
 NAME **BRUKWICKI, GRACE**
 STREET ADDRESS **860 SOMERSET AVE.**
 CITY-ST-ZIP **DAVIE FL 33325**

TITLE **S** Change Addition
 NAME **Membership Financial**
 STREET ADDRESS **BORUCH, IRENE**
 CITY-ST-ZIP **931 N. W. 70 WAY**
NORTH LAUDERDALE FL 33068

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: *EDWARD SOSNOWKA*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.26.00 (954) 202 2002
 Date Daytime Phone #

CR2E037 (9/99)