

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90127 035 \*\*\*\*66.25

- 3968



DO NOT WRITE IN THIS SPACE

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

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

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

BRUNKWICKI, GRACE M  
 860 SOMERSET AVE.  
 DAVIE FL 33325

Name **SOSNOWKA HALINA**

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

5260 NE 26 AVE

City **FORT LAUDERDALE, FL** FL Zip Code **33308**

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

**HALINA SOSNOWKA - SECRETARY** *[Signature]* 04.15.01

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	D	<input checked="" type="checkbox"/> Delete
NAME	MROCZKA, TERESA	
STREET ADDRESS	9273 SW 8TH ST. #214	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input type="checkbox"/> Delete
NAME	LE VA, IRENE	
STREET ADDRESS	550 NW 39TH AVE.	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRUKWICKI, ZENON	
STREET ADDRESS	860 SOMERSET AVE.	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	P	<input type="checkbox"/> Delete
NAME	SOSNOWKA, EDWARD	
STREET ADDRESS	5260 N. E. 26TH AVE.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PLUTA, HALINA	
STREET ADDRESS	86 S. W. 9TH AVE.	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BRUKWICKI, GRACE	
STREET ADDRESS	860 SOMERSET AVE.	
CITY-ST-ZIP	DAVIE FL 33325	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUCHNIK, JAN	
STREET ADDRESS	11 GATE HOUSE RD	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA KROL	
STREET ADDRESS	303 N POMPANOB BEACH BLV. #1507	
CITY-ST-ZIP	POMPANOB BEACH, FL 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOSNOWKA HALINA	
STREET ADDRESS	5260 NE 26 AVE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, 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:

*[Signature]* SIGNATURE REQUIRED

04.15.01

954-726-2476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (10/00)