2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State
04-18-2000 90230 049 ****61.25

DOCUMENT # 733872

1. Entity Name

THE ORTHODOX DEANERY OF FLORIDA, INCORPORATED

Principal Place of Business	Mailing Address
2001 DYAN WAY MAITLAND FL 32751	2001 DYAN WAY MAITLAND FL 32751-3907

DO NOT WRITE IN THIS SPACE

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 59-2877903 ☐ 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
HAMATIE, V. REV. FR. JOHN E. 2001 DYAN WAY MAITLAND FL 32751	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 / STREET ADDRESS / CITY-ST-ZIP	P HAMATIE, JOHN E., REV. 2001 DYAN WAY MAITLAND FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Solack, Mark~~ ~~3745 Aldergate Pl~~ ~~Casselberry, FL 32837~~	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ~~SAN PEDRO, NELSON~~ ~~1702 MILLBRIDGE CT~~ ~~ORLANDO FL 32832~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Solack, Mark 3745 Aldergate Pl Casselberry, FL 32837	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HAMATIE, ALYCE 660 SHERWOOD COURT ALTAMONTE SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDWARD, STEVENS 8320 ALVERON AVE ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~BITTAR, DONALD~~ ~~118 13TH AVE~~ ~~INDIALANTIC FL 32903~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hereich, Karen 130 Lake Destiny trail Altamonte Springs, FL 32714	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VOLIK, EUGENE 608 S. HAMPTON AVENUE ORLANDO FL	☐ 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: SIGNATURE REQUIRED 4-12-00 407-422-3230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #