

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733872

1. Entity Name

THE ORTHODOX DEANERY OF FLORIDA, INCORPORATED

Principal Place of Business

2001 DYAN WAY
MAITLAND FL 32751

Mailing Address

2001 DYAN WAY
MAITLAND FL 32751

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAMATIE, V. REV. FR. JOHN E.
2001 DYAN WAY
MAITLAND FL 32751

7. Name and Address of New Registered Agent

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

TITLE: TD
NAME: SOLACK, MARK
STREET ADDRESS: 3745 ALDERGATE PLACE
CITY-ST-ZIP: ORLANDO FL 32832 ☐ Delete

TITLE: SD
NAME: HAMATIE, ALYCE
STREET ADDRESS: 660 SHERWOOD COURT
CITY-ST-ZIP: ALTAMONTE SPRINGS FL ☐ Delete

TITLE: D
NAME: EDWARD, STEVENS
STREET ADDRESS: 8320 ALVERON AVE
CITY-ST-ZIP: ORLANDO FL ☐ Delete

TITLE: D
NAME: HEREICH, KAREN
STREET ADDRESS: 130 LAKE DESTINY TRAIL
CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32716 ☐ Delete

TITLE: VD
NAME: VOLIK, EUGENE
STREET ADDRESS: 608 S. HAMPTON AVENUE
CITY-ST-ZIP: ORLANDO FL ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:
NAME: HAMATIE, V. REV. FR. JOHN E.
STREET ADDRESS: 2001 DYAN WAY
CITY-ST-ZIP: MAITLAND, FL 32751 ☐ Change ☒ Addition

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

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

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

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

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:

John E. Hamatie President 4/27/01 407-422-3230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)