

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

0085901

**DOCUMENT # N00000008184**

1. Entity Name  
**OREST AND LIDIA BILOUS FAMILY FOUNDATION, INC.**

04-11-2002 90095 020 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
**473 SOUTHCREEK DR**      **473 SOUTHCREEK DR**  
**OSPREY FL 34229**      **OSPREY FL 34229**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **65-1062193**      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**

**BETTERTON, GREG A**  
**981 RIDGEWOOD AVE, STE 101**  
**VENICE FL 34292**

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	<b>D</b> <b>BETTERON, GERG A</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>981 RIDGEWOOD AVE, STE 101</b>	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	
TITLE NAME	<b>D</b> <b>BILOUS, OREST</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>473 SOUTHCREEK DR</b>	
CITY-ST-ZIP	<b>OSPREY FL 34229</b>	
TITLE NAME	<b>D</b> <b>BILOUS, LIDIA M</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>473 SOUTHCREEK DR</b>	
CITY-ST-ZIP	<b>OSPREY FL 34229</b>	
TITLE NAME	<b>D</b> <b>BILOUS, MICHAEL W</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>144 ALPINE ST.</b>	
CITY-ST-ZIP	<b>STAMFORD CT 06905</b>	
TITLE NAME	<b>D</b> <b>BILOUS -OLEXY, ORESTA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>40 BROWNE ST #5</b>	
CITY-ST-ZIP	<b>BROOKLINE MA 02446</b>	
TITLE NAME	<b>D</b> <b>OLEXY, ANDRE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>404 BROWNE ST. #5</b>	
CITY-ST-ZIP	<b>BROOKLINE MA 02446</b>	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 or like empowered.

SIGNATURE: *Orest Bilous* (OREST BILOUS)      4/11/02      941-918-9594  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/01)