


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90066 014 ****61.25

DOCUMENT # N00000008184

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



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

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 **65-1062193** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	10 ASHARA WAY
CITY-ST-ZIP	EASTON, CT. 06612
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	10 ASHARA WAY
CITY-ST-ZIP	EASTON, CT. 06612

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: *Orest Bilous* **OREST BILOUS**

JAN. 15/2003 941-918-9594

CR2E037 (10/02)