

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90118 009 ****70.00

DOCUMENT # N08881

1. Entity Name

HOLY MOTHER OF GOD UKRAINIAN ORTHODOX CHURCH, IN

Principal Place of Business

Mailing Address

**3820 MOORES LAKE RD.
 P O BOX 738
 DOVER FL 33527**

**3820 MOORES LAKE RD.
 P O BOX 738
 DOVER FL 33527-0738**



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

59-2715568

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

**STARR, ARTHUR J. (M.D.)
 3820 MOORES LAKE RD
 DOVER FL 33527**

Name **WALTER KLYMENKO**

Street Address (P.O. Box Number is Not Acceptable)
16523 SPRING VALLEY RD

City **DADE CITY**

FL Zip Code **33523-6335**

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

Walter Klymenko, **WALTER KLYMENKO, PRESIDENT CHURCH COUNCIL 4-24-00**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD STARR, ARTHUR J 3820 MOORES LAKE RD DOVER FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KLYMENKO, WALTER 16523 PACKING HOUSE ROAD DADE CITY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHN BRICHER 1513 NO. LAKE DRIVE SUN CITY CENTRE FL 33573	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FIELDER, DUANE 3114 KING PHILLIP WAY SEFFNER FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOSIE GURAN 6914 CONLEY DR POLK CITY, FL 33868-9385	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT (P) WALTER KLYMENKO 16523 SPRING VALLEY RD DADE CITY FL 33523-6335	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALTER KOSHUBA 3621 DAN UNIE LANE LAKELAND, FL 33813-4060	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VIRA VASKO 1416 E. FRIESON AVE TAMPA, FL 33603-2421	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NANCY COLLINS 25421 TERRACE S.E. LARGO, FL 33541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE DEHAVEN 10923 AZTEC AVE RIVERVIEW, FL 33569-7346	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *Walter Klymenko* **WALTER KLYMENKO**

4-24-00

352-521-4425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Phone #

CR2E037 (9/99)

N08881
D0082492

ADDITIONS:

TITLE: ALL ARE "D" (DIRECTORS)

JOHN FARKAS

37120 FOX RUN PLACE

ZEPHYRHILLS, FL 33541-0612

PETER SEMENIUK

8819 MT. ROYAL LN

LAKE LAND, FL 33809-1541

HELEN WASCHAK

1504 VALENCIA ST.

CLEARWATER, FL 33756-3654