

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10823

1. Entity Name

ST. NICHOLAS UKRAINIAN ORTHODOX CHURCH, INC. ✓

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90015 005 ****61.25

Principal Place of Business

ST. NICHOLAS CHURCH
5031 S.W. 100 AVE.
COOPER CITY FL 33328

Mailing Address

5031 SW 100 AVE.
COOPER CITY FL 33328
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2114350

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

HUSAK, LEONID
1601 SW 106 TERR
DAVIE FL 33324

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

Leonid Husak

7-7-2000

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
After September 13, 2000 min. will be \$236.25

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 PD
NAME HUSAK, LEONID
STREET ADDRESS 1601 SW 106 TERR
CITY-ST-ZIP DAVIE FL 33324 ☐ Delete

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

TITLE V
NAME BOHDANIW, JOHN
STREET ADDRESS 6608 NW 57 COURT
CITY-ST-ZIP TAMARAC FL ☐ Delete

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

TITLE D
NAME JACIUK, ANATOL
STREET ADDRESS 1261 N HARBOR ST
CITY-ST-ZIP RIVIERA BCH FL ☐ Delete

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

TITLE D
NAME FABEROWSKY, STEPAN
STREET ADDRESS 2500 NE 22ND ST.
CITY-ST-ZIP POMPANO BCH. FL ☐ Delete

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

TITLE SD
NAME HODIVSKY, KATHERINE
STREET ADDRESS 4100 N.58 AVE.,#102
CITY-ST-ZIP HOLLYWOOD FL ☐ Delete

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

TITLE T
NAME SLUSARENKO, PETER
STREET ADDRESS 9480 PONCIANA PL
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE
NAME ☐ Change ☐ 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 other like empowered.

SIGNATURE:

Leonid Husak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LEONID HUSAK 954-236-9289

CR2E037 (5/00)