

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90067 021 *****70.00

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DOCUMENT # N10823

1. Entity Name

ST. NICHOLAS UKRAINIAN ORTHODOX CHURCH, INC.

Principal Place of Business

Mailing Address

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

**5031 SW 100 AVE.
 COOPER CITY FL 33328
 US**

C0041730



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

59-2114350

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

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 HUSAK, LEONID 1601 SW 106 TERR DAVIE FL 33324	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOHDANIW, JOHN 6608 NW 57 COURT TAMARAC FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACIUK, ANATOL 1261 N HARBOR ST RIVIERA BCH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FABEROWSKY, STEPAN 2500 NE 22ND ST. POMPANO BCH. FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HODIVSKY, KATHERINE 4100 N.58 AVE.,#102 HOLLYWOOD FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SLUSARENKO, PETER 9480 PONCIANA PL FT. LAUDERDALE FL	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 11 or both, or changed, or on an attachment with an address, with another life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LEONID HUSAK

3/30/01

CR2E037 (10/00)