

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 21, 2001 8:00 am**  
**Secretary of State**

06-21-2001 90002 013 \*\*\*\*61.25

0065110

**DOCUMENT # N18885**

1. Entity Name

**ST. MICHAEL'S UKRAINIAN ORTHODOX CHURCH, INC.**

*UK*

Principal Place of Business

Mailing Address

9201 60TH STREET N  
 PINELLAS PARK FL 33782  
 US

9201 60TH STREET N.  
 PINELLAS PARK FL 34666  
 US

**C0072088**



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

**59-2515192**

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

**PETLAK, REV. MICHAEL**  
**1217 EVERGLADES AVENUE**  
**CLEARWATER FL 34624**

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

*Rev Michael Petlak*

*June 13/2001*

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: **VD**  Delete  
 NAME: **SHOAF, OWEN**  
 STREET ADDRESS: **5901 18TH AVE N.**  
 CITY-ST-ZIP: **ST. PETERSBURG FL**

TITLE: **PRESIDENT**  Change  Addition  
 NAME: **VALENTINA CONNOLLY**  
 STREET ADDRESS: **10395 110 WAY N.**  
 CITY-ST-ZIP: **LARGO, FL. 33778**

TITLE: **VD**  Delete  
 NAME: **MELNYK, WALTER**  
 STREET ADDRESS: **4001 102 PALCE NO**  
 CITY-ST-ZIP: **CLEARWATER FL 34622**

TITLE: **V. PRES.**  Change  Addition  
 NAME: **INA BIDA**  
 STREET ADDRESS: **7643 17TH AVE. N.**  
 CITY-ST-ZIP: **ST. PETERSBURG FL. 33710**

TITLE: **SD**  Delete  
 NAME: **STYBLYNA, MILDRED**  
 STREET ADDRESS: **4125 104TH AVE NORTH**  
 CITY-ST-ZIP: **CLEARWATER FL**

TITLE: **SFD.**  Change  Addition

TITLE: **TD**  Delete  
 NAME: **KOZAR, JEAN**  
 STREET ADDRESS: **2656 60TH ST. N.**  
 CITY-ST-ZIP: **ST. PETERSBURG FL**

TITLE:  Change  Addition

TITLE: **ST**  Delete  
 NAME: **SOTNY, ANASTASIA**  
 STREET ADDRESS: **5982 31ST AVE N**  
 CITY-ST-ZIP: **ST. PETERSBURG FL**

TITLE:  Change  Addition

TITLE: **D**  Delete  
 NAME: **MELNYK, WALTER**  
 STREET ADDRESS: **4001 102 PLACE NO.**  
 CITY-ST-ZIP: **CLEARWATER FL 34622**

TITLE:  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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Valentina Connolly* **VALENTINA CONNOLLY** 393-0507

CR2E037 (10/00)