

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2002 8:00 am  
Secretary of State

04-10-2002 90668 006 \*\*\*\*61.25

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DOCUMENT # 701821

1. Entity Name

SAINT BARBARA GREEK ORTHODOX CHURCH OF THE GREEK  
ORTHODOX COMMUNITY OF MANASOTA, INC.

Principal Place of Business

Mailing Address

7671 N. LOCKWOOD RIDGE RD.  
SARASOTA FL 34243-4931  
US

7671 N LOCKWOOD RIDGE RD  
SARASOTA FL 34243-4931  
US

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

59-6136818

Applied For

Not Applicable

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

SMITH, BOB  
903 NANCY GAMBLE LANE  
ELLENTON FL 34222

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	AT	<input type="checkbox"/> Delete
NAME	SMITH, BOB	
STREET ADDRESS	903 NANCY GAMBLE LANE	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	SR	<input type="checkbox"/> Delete
NAME	GATES, GEORGIA	
STREET ADDRESS	3812 71ST TERRACE E	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	T	<input type="checkbox"/> Delete
NAME	OLENICK, JOHN	
STREET ADDRESS	5500 MERRIMAC	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	AT	<input type="checkbox"/> Delete
NAME	CHIMBOS/DENISE	
STREET ADDRESS	2619 DICK WILSON DRIVE	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JOSEPHANSS, HARIKIA	
STREET ADDRESS	PO BOX 609	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	S	<input type="checkbox"/> Delete
NAME	GREGORY, GREG	
STREET ADDRESS	6598 MEADERING WAY	
CITY-ST-ZIP	BRADENTON FL 34202	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOB SMITH	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Georgia Angelis Gots	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treas	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Clinick	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIMBOS, DENISE	
STREET ADDRESS	Alexis R. Chimbos	
CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAY NIMEY	
STREET ADDRESS	3805 MALEC CIR DR	
CITY-ST-ZIP	SARASOTA FL 34223	
TITLE	GREGORY, GREG	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6860 WHITMAN CT.	
STREET ADDRESS	SARASOTA, FLA. 34243	
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 an other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED

BOB SMITH

Date

4-2-02

Daytime Phone #

941-355-2616

CR2E037 (9/01)