

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2003 8:00 am
Secretary of State

06-04-2003 90099 040 ****61.25

0058507

DOCUMENT # 701821

1. Entity Name

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



Principal Place of Business

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

Mailing Address

**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. I am familiar with, and accept the obligations of registered agent.

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
Florida 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 checked="" 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	ST	<input checked="" type="checkbox"/> Delete
NAME	NIMEY, RAY	
STREET ADDRESS	3805 MALEC CIR DR	
CITY-ST-ZIP	SARASOTA FL 34283	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GREGORY, GREG	
STREET ADDRESS	6598 MEADERING WAY	
CITY-ST-ZIP	BRADENTON FL 34202	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASSIST. TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHIL MADAVAS	
STREET ADDRESS	6938 MYSTIC LN	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	HAROLD BUTTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6124 43RD AVE W. #A-103	
STREET ADDRESS	BRADENTON FL 34207	
CITY-ST-ZIP	SECRETARY - CORR.	
TITLE	SECRETARY - RECORDING	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVE KREIDLER	
STREET ADDRESS	5410 MATHEW CT	
CITY-ST-ZIP	SARASOTA FL 34231	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

REQUIRED

6/1/03

924-2454

CR2E037 (10/02)