

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717970

1. Entity Name

SAINT ANDREW GREEK ORTHODOX CHURCH OF KENDALL, I

Principal Place of Business

7901 NORTH KENDALL DRIVE  
MIAMI FL 33156

Mailing Address

7901 NORTH KENDALL DRIVE  
MIAMI FL 33156

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1806073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MULLEN, THOMAS W.  
7900 RED ROAD  
SUITE 26  
SOUTH MIAMI FL 33143

7. Name and Address of New Registered Agent

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

TITLE DP ☒ Delete  
NAME MILLER, THEODORE M  
STREET ADDRESS 12870 SW 101 AVE  
CITY-ST-ZIP MIAMI FL 33176

TITLE DV ☒ Delete  
NAME MOOK, JOHN  
STREET ADDRESS 14436 SW 95 LANE  
CITY-ST-ZIP MIAMI FL 33186

TITLE DS ☐ Delete  
NAME CEAVERS, MARY  
STREET ADDRESS 8335 SW 85 TERR  
CITY-ST-ZIP MIAMI FL 33143

TITLE DT ☐ Delete  
NAME DAVIS, FRANK  
STREET ADDRESS 19372 SW 119 AVE  
CITY-ST-ZIP MIAMI FL 33177

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Change ☒ Addition  
NAME DEMERY, FRANK D  
STREET ADDRESS 10770 SW 90 AVE  
CITY-ST-ZIP MIAMI FL 33176

TITLE DS ☐ Change ☒ Addition  
NAME MC DONALD, BRIAN  
STREET ADDRESS 1130 ORIOLE AVE  
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE DV ☒ Change ☐ Addition  
NAME CEAVERS, MARY  
STREET ADDRESS 8335 SW 85 TERR  
CITY-ST-ZIP MIAMI FL 33143

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 29, 2001 8:00 am  
Secretary of State

01-29-2001 90042 026 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)