

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90172 009 ****61.25

DOCUMENT # 717970

1. Entity Name

**SAINT ANDREW GREEK ORTHODOX CHURCH OF KENDALL, I
NC.**

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 **DEMERY, FRANK D**
STREET ADDRESS **10770 SW 90 AVE**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **DS** ☐ Delete
NAME **MCDONALD, BRIAN**
STREET ADDRESS **1130 ORIOLE AVE**
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

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

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

TITLE ☐ Change ☐ Addition
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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:

FRANK D. DEMERY Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)