

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740142

1. Entity Name

UKRAINIAN UNITY OF ST. WLADYMYR, INC.

Principal Place of Business

Mailing Address

245 E LAKE MCCOY DR
APOPKA FL 32712

245 E LAKE MCCOY DR
APOPKA FL 32712-3608

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

59-1784548

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

WALTER, FICYK
327 EVERGREEN COURT
APOPKA FL 32712

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 S ☐ Delete
NAME FICYK, WASYL
STREET ADDRESS 327 EVERGREEN CT
CITY-ST-ZIP APOPKA FL

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

TITLE V ☐ Delete
NAME KONOTOPSKY, JULIAN
STREET ADDRESS 2710 HAGEN CT.
CITY-ST-ZIP LONGWOOD FL

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

TITLE PD ☐ Delete
NAME MELESHKO, TAISSA
STREET ADDRESS 10 W NIGHTINGALE ST
CITY-ST-ZIP APOPKA FL 32712

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

TITLE D ☐ Delete
NAME PENIAK, MARIJKA
STREET ADDRESS 3855 HS WAY N
CITY-ST-ZIP PINELLAS PARK FL

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

TITLE T ☐ Delete
NAME KOWEL, ANNA
STREET ADDRESS 193-C SPRINGWOOD CIR
CITY-ST-ZIP LONGWOOD FL

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

TITLE D ☐ Delete
NAME KWASNYCKA, ANNA
STREET ADDRESS 321 LAKE MCCOY DR
CITY-ST-ZIP APOPKA FL 32712

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:

ANNA KOWEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 14-2000 1-407-886-4803



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)