

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761010

1. Entity Name

THE DIOCESE OF THE SOUTH OF THE ORTHODOX CHURCH

Principal Place of Business

Mailing Address

4222 WYCLIFF
#130
DALLAS TX 75219
US

PO BOX 191109
DALLAS TX 75219-8109
US

2. Principal Place of Business

3. Mailing Address

4222 Wycliff
Suite, Apt. #, etc.

Same
Suite, Apt. #, etc.

City & State

City & State

Dallas, Texas

Zip

Country

Zip

Country

75219

4. FEI Number

59-2679075

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

RIOS, ERNESTO R
1712 SW GARNETT ST
PORT ST LUCIE FL 34953

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 PD ☐ Delete
NAME ROYSTER, BISHOP DMITRI
STREET ADDRESS 4112 THROCKMORTON
CITY-ST-ZIP DALLAS TX 75219

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

TITLE SD ☐ Delete
NAME ZEBRUN, BASIL
STREET ADDRESS 6929 WINIFRED
CITY-ST-ZIP FT WORTH TX 76133

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

TITLE TD ☐ Delete
NAME KONJEVICH, MILOS
STREET ADDRESS 9321 HEATHERDALE DRIVE
CITY-ST-ZIP DALLAS TX 75243

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

TITLE D ☐ Delete
NAME COZBY, DIMITRI
STREET ADDRESS 103 CAROLINA ST.
CITY-ST-ZIP SAN ANTONIO TX 78210

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: Basil Zebrun
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90167 027 ****61.25



DO NOT WRITE IN THIS SPACE