

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761010

1. Entity Name

THE DIOCESE OF THE SOUTH OF THE ORTHODOX CHURCH

Principal Place of Business

4222 WYCLIFF  
#130  
DALLAS TX 75219  
US

Mailing Address

PO BOX 191109  
DALLAS TX 75219  
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

59-2679075

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01 (214) 522-4149  
Date Daytime Phone #

FILED  
Apr 26, 2001 8:00 am  
Secretary of State

04-26-2001 90007 029 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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