

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761010

1. Entity Name

THE DIOCESE OF THE SOUTH OF THE ORTHODOX CHURCH
IN AMERICA, INC.

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

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

Same

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

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

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

Basil Zebun

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/02

Daytime Phone #

(214) 522 4149

CR2E037 (9/01)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90337 042 ****61.25



DO NOT WRITE IN THIS SPACE