

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

0059182

**DOCUMENT # 765837**

1. Entity Name

**ST. GEORGE COPTIC ORTHODOX CHURCH OF FLORIDA, INC**

04-04-2001 90131 032 \*\*\*\*\*61.25

Principal Place of Business

Mailing Address

**2135 W BUSCH BLVD  
TAMPA FL 33612**

**2135 W BUSCH BLVD  
TAMPA FL 33612**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2534804**

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

**SALEH, MOUSSA F  
2135 W BUSCH BLVD  
TAMPA FL 33612**

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 NAME ☐ Delete  
**PD BOGHDADI, ANGELOS FR.**  
STREET ADDRESS **1109 N FRANKLIN ST**  
CITY-ST-ZIP **PLANT CITY FL**

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

TITLE NAME ☐ Delete  
**VAD SALEH, MOUSSA F**  
STREET ADDRESS **2135 W BUSCH BLVD**  
CITY-ST-ZIP **TAMPA FL 33612**

TITLE NAME ☐ Change ☒ Addition  
**D. Samir Barsom**  
STREET ADDRESS **1235 W-Busch Blvd**  
CITY-ST-ZIP **Tampa, FL 33612**

TITLE NAME ☒ Delete  
**D BOLOS, RIFAT B**  
STREET ADDRESS **4216 CARTNAL AVE.**  
CITY-ST-ZIP **TAMPA FL**

TITLE NAME ☐ Change ☒ Addition  
**William Assad**  
STREET ADDRESS **1235 W-Busch Blvd.**  
CITY-ST-ZIP **Tampa, FL 33612**

TITLE NAME ☒ Delete  
**D JOURJY, MOEIN**  
STREET ADDRESS **2135 W BUSCH BLVD**  
CITY-ST-ZIP **TAMPA FL 33612**

TITLE NAME ☒ Change ☐ Addition  
**TD JOURJY, MOEIN**  
STREET ADDRESS **1235 W-Busch Blvd**  
CITY-ST-ZIP **Tampa, FL 33612**

TITLE NAME ☒ Delete  
**D GIRGIS, ADEL S**  
STREET ADDRESS **10124 WOODSONG WAY**  
CITY-ST-ZIP **TAMPA FL**

TITLE NAME ☐ Change ☒ Addition  
**P Nargis Banoob**  
STREET ADDRESS **1235 W-Busch Blvd**  
CITY-ST-ZIP **Tampa, FL 33612**

TITLE NAME ☒ Delete  
**TD FARID, SHERIF**  
STREET ADDRESS **2135 W BUSCH BLVD**  
CITY-ST-ZIP **TAMPA FL 33612**

TITLE NAME ☐ Change ☒ Addition  
**D. Dalia Awad**  
STREET ADDRESS **1235 W-Busch Blvd**  
CITY-ST-ZIP **Tampa, FL 33612**

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

Date

Daytime Phone #

**3-27-01 813-857-5725**

CR2E037 (10/00)