

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90200 037 \*\*\*\*61.25

**DOCUMENT # 769185**

1. Entity Name

**ST. ELIZABETH GREEK ORTHODOX CHURCH OF GAINESVIL**

Principal Place of Business

Mailing Address

**5129 NW 53 AVENUE  
 GAINESVILLE FL 32653  
 US**

**5129 NW 53 AVENUE  
 GAINESVILLE FL 32653-4319  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**29-2461060**

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

**ISSA, R R  
 2129 SW 78TH TERR  
 GAINESVILLE FL 32607**

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  Delete  
 NAME **VPD HARBILAS, WILLIAM**  
 STREET ADDRESS **2922 NW 38TH STREET**  
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PD ISSA, R. RAYMOND**  
 STREET ADDRESS **2129 SW 78 TER**  
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD HERKOV, MICHAEL**  
 STREET ADDRESS **407 SW 134TH TERR**  
 CITY-ST-ZIP **NEWBERRY FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T HIRKO, THERESE**  
 STREET ADDRESS **6737 NW 37TH TERR**  
 CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE  Change  Addition  
 NAME **T ARCHY GEORGIOU**  
 STREET ADDRESS **3905 SW 45TH TER.**  
 CITY-ST-ZIP **GAINESVILLE, FL 32608**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE REQUIRED RAYMOND ISSA**

Date

Daytime Phone #

**4/26/2000 (352) 332-8202**

CR2E037 (9/99)