

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90143 017 ****61.25

DOCUMENT # 770857

1. Entity Name

ST. MARY'S UKRANIAN CATHOLIC CHURCH, INC.

Principal Place of Business

Mailing Address

**C/O REV. MATTHEW BERKO
 245 LAKE MCCOY DRIVE
 APOPKA FL 32712
 US**

**C/O MATTHEW BERKO
 20 EAST NIGHTINGALE STREET
 APOPKA FL 32712-2710**

705884



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

59-2371348

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

**BERKO, MATTHEW REV.
 20 EAST NIGHTINGALE ST.
 APOPKA FL 32712**

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 **PD BERKO, MATTHEW REV.**
 STREET ADDRESS **20 E. NIGHTINGALE ST.**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD FICYK, WASYL**
 STREET ADDRESS **327 EVERGREEN CT.**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D KONOTOPSKY, GENE**
 STREET ADDRESS **2710 HAGEN COURT**
 CITY-ST-ZIP **LONGWOOD FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S MELESHKO, TAISSA**
 STREET ADDRESS **10 W. NIGHTINGALE ST**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T ILEMSKY, JOHN**
 STREET ADDRESS **956 FOUNTAINHEAD DR.**
 CITY-ST-ZIP **DELTONA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **CD CIZDYN, MYRON REV.**
 STREET ADDRESS **20 E NIGHTINGALE ST**
 CITY-ST-ZIP **APOPKA FL 32712**

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: *Rev. Myron S. Cizdyn* [Rev. Myron Cizdyn 1/12/2000 407-880-164.]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #