

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90118 009 ****70.00

DOCUMENT # N08881

1. Entity Name

HOLY MOTHER OF GOD UKRAINIAN ORTHODOX CHURCH, IN

Principal Place of Business

Mailing Address

**3820 MOORES LAKE RD.
 P O BOX 738
 DOVER FL 33527**

**3820 MOORES LAKE RD.
 P O BOX 738
 DOVER FL 33527-0738**



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

59-2715568

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

**STARR, ARTHUR J. (M.D.)
 3820 MOORES LAKE RD
 DOVER FL 33527**

Name **WALTER KLYMENKO**

Street Address (P.O. Box Number is Not Acceptable)
16523 SPRING VALLEY RD

City **DADE CITY**

FL Zip Code **33523-6335**

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

Walter Klymenko, **WALTER KLYMENKO, PRESIDENT CHURCH COUNCIL 4-24-00**

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	<input checked="" type="checkbox"/> Delete
NAME	STARR, ARTHUR J	
STREET ADDRESS	3820 MOORES LAKE RD	
CITY-ST-ZIP	DOVER FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KLYMENKO, WALTER	
STREET ADDRESS	16523 PACKING HOUSE ROAD	
CITY-ST-ZIP	DADE CITY FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JOHN BRICHER	
STREET ADDRESS	1513 NO. LAKE DRIVE	
CITY-ST-ZIP	SUN CITY CENTRE FL 33573	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FIELDER, DUANE	
STREET ADDRESS	3114 KING PHILLIP WAY	
CITY-ST-ZIP	SEFFNER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSIE GURAN	
STREET ADDRESS	6914 CONLEY DR	
CITY-ST-ZIP	POLK CITY, FL 33868-9385	
TITLE	PRESIDENT (P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER KLYMENKO	
STREET ADDRESS	16523 SPRING VALLEY RD	
CITY-ST-ZIP	DADE CITY FL 33523-6335	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTER KOSHUBA	
STREET ADDRESS	3621 DAN UNIE LANE	
CITY-ST-ZIP	LAKELAND, FL 33813-4060	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIRA VASKO	
STREET ADDRESS	1416 E. FRIESON AVE	
CITY-ST-ZIP	TAMPA, FL 33603-2421	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY COLLINS	
STREET ADDRESS	25421 TERRACE S.E.	
CITY-ST-ZIP	LARGO, FL 33541	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE DEHAVEN	
STREET ADDRESS	10923 AZTEC AVE	
CITY-ST-ZIP	RIVERVIEW, FL 33569-7346	

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:

Walter Klymenko, **WALTER KLYMENKO**

4-24-00

352-521-4425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Phone #

CR2E037 (9/99)

N08881
D0082492

ADDITIONS:

TITLE: ALL ARE "D" (DIRECTORS)

JOHN FARKAS

37120 FOX RUN PLACE

ZEPHYRHILLS, FL 33541-0612

PETER SEMENIUK

8819 MT. ROYAL LN

LAKE LAND, FL 33809-1541

HELEN WASCHAK

1504 VALENCIA ST.

CLEARWATER, FL 33756-3654