

DOCUMENT # N08881

01-25-2001 90001 001 \*\*\*\*70.00

100-443887-100

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

**2. Principal Place of Business** **3. Mailing Address**

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-2715568</b>	Applied For
	Not Applicable

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

KLYMENKO, WALTER  
16523 SPRING VALLEY RD  
DADE CITY FL 33523-6335

Name ARTHUR J. STARR MD

Street Address (P.O. Box Number is Not Acceptable)

3850 Moores Lake Rd

City	Dover	FL 33527	Zip Code
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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 \$81.25**

**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**

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GURAN, JOSIE	
STREET ADDRESS	6914 CONLEY DR	T
CITY - ST - ZIP	POLK CITY FL 33068-9385	

TITLE	P	<del>7</del> Delete
NAME	KLYMENKO, WALTER	
STREET ADDRESS	16523 SPRING VALLEY RD	
CITY - ST - ZIP	DADE CITY FL 33523-6335	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KOSHUBA, WALTER	T
STREET ADDRESS	3621 DAN UNIE LANE	
CITY - ST - ZIP	LAKE LAND FL 33813-4080	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	VASKO, VIRA	T
STREET ADDRESS	1418 E. FRIESON AVE	
CITY - ST - ZIP	TAMPA FL 33603-2421	

TITLE	D	<del>A</del> Delela
NAME	COLLINS, NANCY	
STREET ADDRESS	25421 TERRANCE S.E.	T
CITY-ST-ZIP	LARGO FL 33541	

TITLE	D	<del>✗</del> Delete
NAME	DEHAVEN, GEORGE	
STREET ADDRESS	10923 AZTEC AVE	T
CITY - ST - ZIP	RIVERVIEW FL 33569-7346	

TITLE	ARTHUR J. STARR MD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3820. MOORES LAKE Rd
STREET ADDRESS	
CITY-ST-ZIP	DOVER HI 33557 Presidential

TITLE	Walter Klymenko	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	16523 Spring Valley Rd		
STREET ADDRESS	Dade City FL 33523-6335		
CITY-ST-ZIP	Vice President		

TITLE	Milton Lutho	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	306 Walkwood Dr		
STREET ADDRESS	Brandon 79 33510		
CITY-ST-ZIP	Secretary D		

TITLE	William Gernskey	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	2102 Bayan Dr. So		D
STREET ADDRESS	Ruskin	77 335 70	Treasurer
CITY-ST-ZIP			

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

QAR

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