

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90008 021 ****70.00

DOCUMENT # N08881

1. Entity Name

HOLY MOTHER OF GOD UKRAINIAN ORTHODOX CHURCH, IN C.

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.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2715568

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

**STARR, ARTHUR J
3820 MOORES LAKE RD
DOVER FL 33527**

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 **PD** ☐ Delete
NAME **STARR, ARTHUR J**
STREET ADDRESS **3820 MOORES LAKE RD**
CITY-ST-ZIP **DOVER FL 33527**

TITLE ☐ Change ☐ Addition
NAME **Vice President**
STREET ADDRESS **DAVID E OFF**
CITY-ST-ZIP **35717 WELBY CT**

TITLE **D** ☒ Delete
NAME **KLYMENKO, WALTER**
STREET ADDRESS **16523 SPRING VALLEY RD**
CITY-ST-ZIP **DADE CITY FL 33523-6335**

TITLE ☒ Change ☐ Addition
NAME **DAVID E OFF**
STREET ADDRESS **35717 WELBY CT**
CITY-ST-ZIP **ZEPHYRHILLS, FL 33541**

TITLE **SD** ☐ Delete
NAME **TUTKO, MILTON**
STREET ADDRESS **1306 WALLWOOD DR**
CITY-ST-ZIP **BRANDON FL 33510**

TITLE ☐ Change ☐ Addition
NAME **T. Presma**
STREET ADDRESS **THOMAS MARSHALL**
CITY-ST-ZIP **7033 OAKVIEW CR.**

TITLE **TD** ☒ Delete
NAME **DUMANSKY, WILLIAM**
STREET ADDRESS **2107 BRYAN DR S**
CITY-ST-ZIP **RUSKIN FL 33570**

TITLE ☒ Change ☐ Addition
NAME **THOMAS MARSHALL**
STREET ADDRESS **7033 OAKVIEW CR.**
CITY-ST-ZIP **TAM PA, FL 33634**

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

Date

Daytime Phone #

CR2E037 (9/01)