

5/31

FILED

Jun 20, 2001 8:00 am
Secretary of State

05-31-2001 90005 049 *****61.25

06-20-2001 90009 037 *****8.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20980

1. Entity Name

THE CATHOLIC ORTHODOX CHURCH, INC.

Principal Place of Business

6322 NW 14TH COURT
MARGATE FL 33063
US

Mailing Address.

6322 NW 14TH COURT
MARGATE FL 33063
US

2. Principal Place of Business

4034 Sierra Ter.

3. Mailing Address

4034 Sierra Ter.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE FL

City & State

SUNRISE FL

Zip

33351

Country

BROWARD

Zip

33351

Country

BROWARD

4. FEI Number

59-2838651

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRYN, FR. LOUIS
1711 N STATE RD 7
STE J
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name: CASTELLUCIA ANTHONY
Street Address (P.O. Box Number is Not Acceptable)
4034 SIERRA TER.
SUNRISE FL.
City: SUNRISE FL Zip Code: 33351

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.

(NOT: Registered Agent signature required when reappointing)

DATE

5-1-2001

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PT	☒ Delete
NAME	BRYN, FR. LOUIS	
STREET ADDRESS	1711 N STATE RD 7 SUITE J	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	☒ Delete
NAME	WILLIS, WILLIAM	
STREET ADDRESS	16 TERRACE WEST WAY #85	
CITY-ST-ZIP	PLATTSBURGH NY	
TITLE	VPSD	☒ Delete
NAME	ZIEMS, REV FREDERICK	
STREET ADDRESS	6322 NW 14TH COURT	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	ASVP - PT	☐ Delete
NAME	CASTELLUCIA, ANTHONY	
STREET ADDRESS	4034 SIERRA TERRACE	
CITY-ST-ZIP	SUNRISE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	MAJORIE DIVERONCE	☒ Change ☐ Addition
NAME	MAJORIE DIVERONCE	
STREET ADDRESS	4034 SIERRA TER.	
CITY-ST-ZIP	SUNRISE FL. 33351	
TITLE	CASTELLUCIA ANTHONY	☒ Change ☐ Addition
NAME	CASTELLUCIA ANTHONY	
STREET ADDRESS	4034 SIERRA TER	
CITY-ST-ZIP	SUNRISE FL. 33351	
TITLE	11133 NW 34 CT.	☐ Change ☐ Addition
NAME	11133 NW 34 CT.	
STREET ADDRESS	CONAL SPRINGS FL. 33069	
CITY-ST-ZIP	CONAL SPRINGS FL. 33069	
TITLE	RICHARD DIVERONCE	☒ Change ☐ Addition
NAME	RICHARD DIVERONCE	
STREET ADDRESS	1500 SE 15TH ST.	
CITY-ST-ZIP	FT LAUD FL. 33316	
TITLE		☐ Change ☐ Addition
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 #

5-1-2001

954 749-7932

CR2E037 (10/00)