## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE

## FILED **DOCUMENT # N42391** Apr 28, 2000 8:00 am Secretary of State 1. Entity Name NEW LIFE UKRAINE MINISTRIES, INC. 04-28-2000 90048 027 \*\*\*\*61.25 Principal Place of Business Mailing Address 513 APPLEWOOD AVE. 513 APPLEWOOD AVE. ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32738-4066 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3054127 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7.: Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Address (P.O. Box Number is No Acceptable) JARUCZYK, RUSSELL 513-APPLEWOOD AVE ALTAMONTE SPRINGS FL 32714 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 Fiorida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition Addition TITLE ☐ Change TITI F DP Delete NAME NAME Jaruczyk, Russell STREET ADDRESS STREET ADDRESS 513 APPLEWOOD AVENUE CITY-ST-7IP CITY-ST-ZIP <u>Altamonte springs fl 32714</u> TITLE Change Addition TITLE Delete NAME NAME SMITH, JAMES M STREET ADDRESS STREET ADDRESS 6760 CAMPBELL RD CITY-ST-ZIP CITY-ST-ZIP YORK SC 29745 Change Addition Defete TITLE TITLE NAME NAME JARUCZK, NINA STREET ADDRESS STREET ADDRESS 513 APPLEWOOD AVENUE CITY-ST-ZIP CITY-ST-ZIP <u>ALTAMONTE SPRINGS FL 32714</u> ☐ Delete TITLE Change ☐ Addition TITLE NAME RODERICK, GORDON STREET ADDRESS STREET ADDRESS 2832 CRESCENT CLUB DR CITY-ST-ZIP CITY-ST-ZIF HIXSON TN 37343 □ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.