

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90057 034 ****61.25

DOCUMENT # N43198

1. Entity Name

UKRAINIAN AUTOCEPHALOUS NATIONAL ORTHODOX CHURCH

Principal Place of Business

Mailing Address

4697 HILLCREST STREET NORTH
HILLARD OH 43026-1605
US

4697 HILLCREST STREET NORTH
HILLARD OH 43026-1605
US

C0004267



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

31-1662340

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

PACE, RONALD K ARCH
1411 NURSEY RD
CLEARWATER FL 33756

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
NAME ERB, GEORGE E
STREET ADDRESS 4697 HILLCREST STREET NORTH
CITY-ST-ZIP HILLARD OH 43026-1605 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME PACE, RONALD K
STREET ADDRESS 1411 NURSEY RD
CITY-ST-ZIP CLEARWATER FL 34616 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME LOCKE, DONALD ABP
STREET ADDRESS 3079 SAGINDO DR
CITY-ST-ZIP YOUNGSTOWN OH 44514 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME THOMPSON, RICHARD REV
STREET ADDRESS 3283 GREENFIELD N.W.
CITY-ST-ZIP WARREN OH 44485 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME KELLY, JOHN T
STREET ADDRESS 420 GREENWAYD AVENUE
CITY-ST-ZIP MANORVILLE NY 11949 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 689, 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: *Metropolitan Archbishop George E. Erb*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

George E. Erb 1-7-2000 614-876 7070