

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90374 007 \*\*\*\*61.25

**DOCUMENT # N47025**

1. Entity Name  
**SAINT PAUL ORTHODOX CHURCH OF GREATER ORLANDO, I**

Principal Place of Business <b>137 WALL STREET          ST. GEORGE ORTHODOX CHURCH ANNEX.          ORLANDO FL 32801          US</b>	Mailing Address <b>C/O DR. ALEXANDER V. ALEX          6401 WESTGATE DRIVE #405          ORLANDO FL 32835          US</b>
----------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number <b>59-3125799</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**ALEX, ALEXANDER V DR.  
 6401 WESTGATE DRIVE #405  
 ORLANDO FL 32835**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
-------------------------------------	----------------------------------------------------------------------------------	------------------------------------	--------------------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME DT ALEX, ALEXANDER V DR. STREET ADDRESS 6401 WESTGATE DRIVE #405 CITY-ST-ZIP ORLANDO FL 32817	<input type="checkbox"/> Delete
TITLE NAME SD PETER, C.P. DR. STREET ADDRESS 1518 CHERRY LAKE WAY CITY-ST-ZIP LAKE MARY FL 32746	<input type="checkbox"/> Delete
TITLE NAME PD THOMAS, REV D M STREET ADDRESS 1121 N HUMPHREY AVE CITY-ST-ZIP OAK PARK IL 30302	<input type="checkbox"/> Delete
TITLE NAME D THOMAS, THAYIL P STREET ADDRESS 10847 VIA DEL SOL CITY-ST-ZIP ORLANDO FL 32817	<input checked="" type="checkbox"/> Delete
TITLE NAME D ITBIKURU, C. DAVIS STREET ADDRESS 224 MALTESE CIRCLE #4 CITY-ST-ZIP CASSELBERRY FL 32730	<input type="checkbox"/> Delete
TITLE NAME D VARUGHESE, KURIAN STREET ADDRESS 10003 COVE LAKE DRIVE CITY-ST-ZIP ORLANDO FL 32836	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME D VERGIS, THAYIL P. STREET ADDRESS 2692 NEWBOLT DR CITY-ST-ZIP ORLANDO, FL 32817	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D VARUGHESE, RAJAN STREET ADDRESS 6485 CONROY RD. Apt. 412 CITY-ST-ZIP ORLANDO, FL 32835	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 empowerments.

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* **2/6/01** **407-805-9017**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0027  
CR2E037 (10/00)