

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000846

1. Entity Name

SISTERHOOD ST. PETKA OF ST. SAVA SERBIAN ORTHODO

**FILED**  
**Mar 16, 2000 8:00 am**  
**Secretary of State**

03-16-2000 90092 022 \*\*\*\*70.00

Principal Place of Business

Mailing Address

8065 PRICE BOULEVARD  
NORTH PORT FL 34287  
US

P.O. BOX 7914  
NORTH PORT FL 34287-0914  
US

2. Principal Place of Business

3. Mailing Address

8065 PRICE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NORTH PORT, FLORIDA

Zip

Country

Zip

Country

34287

4. FEI Number

NOT APPLICABLE

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

V.REV.FRZ.GVOZ, DANOVIC  
3266 ATBENGA LANE  
NORTH PORT FL 34286

Name

V. REV. FR. Z. GVOZDANOVIC

Street Address (P.O. Box Number is Not Acceptable)

3266 ALBENGA LANE

City

NORTH PORT

FL

Zip Code

34286

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 ☐ Delete  
NAME DP  
STREET ADDRESS TOWE, SMILJA  
CITY-ST-ZIP 225 SAN CARLOS  
WARM MINERAL SPRINGS FL 34287

TITLE ☐ Change ☐ Addition  
NAME DP  
STREET ADDRESS SMILJA TOWE  
CITY-ST-ZIP 225 SAN CARLOS  
WARM MINERAL SPRINGS, FL  
34287

TITLE ☐ Delete  
NAME DVP  
STREET ADDRESS SRECKOVICH, NATALIE  
CITY-ST-ZIP 8787 AGRESS  
NORTH PORT FL 34287

TITLE ☒ Change ☐ Addition  
NAME LANA MILIC  
STREET ADDRESS 1500 LOGSDON ST.  
CITY-ST-ZIP NORTH PORT, FL 34287

TITLE ☐ Delete  
NAME DS  
STREET ADDRESS NINCEVIC, DANKA  
CITY-ST-ZIP 8684 TRIONFO AVENUE  
NORTH PORT FL 34287

TITLE ☒ Change ☐ Addition  
NAME DIANE TOMIC  
STREET ADDRESS 17482 FOREMOST  
CITY-ST-ZIP PT. CHARLOTTE, FL 33980

TITLE ☐ Delete  
NAME DT  
STREET ADDRESS ROKNICH, NANCY  
CITY-ST-ZIP 2700 N BEACH ROAD, E-205  
ENGLEWOOD FL 34223

TITLE ☐ Change ☐ Addition  
NAME NANCY ROKNICH  
STREET ADDRESS 2700 N. BEACH RD E-205  
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE ☐ Delete  
NAME T  
STREET ADDRESS MILICEVIC, MILEVA  
CITY-ST-ZIP 3444 SHAWN ST  
PT CHARLOTTE FL 33980

TITLE ☒ Change ☐ Addition  
NAME SANKA MIHAILOVIC  
STREET ADDRESS 1312 GISELA AVE  
CITY-ST-ZIP NORTH PORT, FL 34287

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)(l), 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: Nancy ROKNICH 3-13-00 941-475-2429  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)