

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003163

1. Entity Name

THE ORTHODOX CHURCH OF ANTIOCH AND THE NEAR EAST

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90206 046 ****70.00

Principal Place of Business

Mailing Address

10010 LOCKMAN COURT
 TAMPA FL 33612

11711 WESSON CIR
 TAMPA FL 33618

2. Principal Place of Business

2311 W. Linebaugh

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

4. FEI Number

59-3222421

Applied For

Not Applicable

Zip

Country

33612

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

REXROAT, ANNE B
 10010 LOCKMAN COURT
 TAMPA FL 33612

Name Bassem Dibbs

Street Address (P.O. Box Number is Not Acceptable)
 5812 N. 22nd St.

City

Tampa

FL

Zip Code

33610

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 D ☐ Delete
 NAME DAMMOUS, WILLIAM I
 STREET ADDRESS 11711 WESSON CIR
 CITY-ST-ZIP TAMPA FL 33611

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

TITLE D ☐ Delete
 NAME DIBBS, BASSEM
 STREET ADDRESS 5812 N 22ND ST
 CITY-ST-ZIP TAMPA FL 33610

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

TITLE D ☐ Delete
 NAME REXROAT, ANNE B.
 STREET ADDRESS 14802 WEDGEWOOD DR
 CITY-ST-ZIP TAMPA FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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

Bassem Dibbs

Date

Daytime Phone #

4/29/2000 (813) 238-5969

CR2E037 (9/99)