

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90005 047 ****61.25

DOCUMENT # N93000003163

1. Entity Name

THE ORTHODOX CHURCH OF ANTIOCH AND THE NEAR EAST

Principal Place of Business

**10010 LOCKMAN COURT
TAMPA FL 33612**

Mailing Address

**11711 WESSON CIR
TAMPA FL 33618**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3222421

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**REXROAT, ANNE B
10010 LOCKMAN COURT
TAMPA FL 33612**

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

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

TITLE **D** ☐ Delete
NAME **DAMMOUS, WILLIAM I**
STREET ADDRESS **11711 WESSON CIR**
CITY-ST-ZIP **TAMPA FL 3361**

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

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

TITLE ☐ Delete
NAME **Bassem Dibbs**
STREET ADDRESS **11711 WESSON CIR**
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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: **Bassem Dibbs**

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bassem Dibbs

Date

4/16/01

Daytime Phone #

813 908 9102

CR2E037 (10/00)

0089578