

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003313

1. Entity Name

UKRAINIAN PROJECT FUND, INC.

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

01-18-2000 90047 042 ****70.00

Principal Place of Business 1223 RIDGEGREEN LOOP N. LAKELAND FL 33809-0870 US	Mailing Address 1223 RIDGEGREEN LOOP N. LAKELAND FL 33809-0870 US
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-3194849	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOEQUIST, CHARLES E
3191 MAGUIRE BLVD.
SUITE 167
ORLANDO FL 32803

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	P <input type="checkbox"/> Delete
NAME	HARPER, JASON K
STREET ADDRESS	1223 RIDGEGREEN LOOP N
CITY-ST-ZIP	LAKELAND FL
TITLE	D <input type="checkbox"/> Delete
NAME	DMYTRIYUK, WALT
STREET ADDRESS	47 ROMAN LN
CITY-ST-ZIP	BUFFALO NY 14226
TITLE	D <input type="checkbox"/> Delete
NAME	HAJDUZOK, GEORGE DR.
STREET ADDRESS	126 SHERMAN HALL, UNIVERSITY AT BUFFALO
CITY-ST-ZIP	BUFFALO NY 14214
TITLE	TM <input type="checkbox"/> Delete
NAME	WARREN, NATALIA
STREET ADDRESS	5836 PETUNIA
CITY-ST-ZIP	ORLANDO FL 32821
TITLE	TR <input type="checkbox"/> Delete
NAME	TORCHINE, OLEH
STREET ADDRESS	28648 RYAN RD.
CITY-ST-ZIP	WARREN MI 48092
TITLE	TR <input type="checkbox"/> Delete
NAME	MCKAY, YURKO
STREET ADDRESS	5160 GLASGOW AVE.
CITY-ST-ZIP	ORLANDO FL 32819

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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: JASON K HARPER **JASON K HARPER (President)** 1.5.00 863.853.9008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #