

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 08:00 AM
Secretary of State

DOCUMENT # N93000003313

1. Entity Name
 UKRAINIAN PROJECT FUND, INC.

Principal Place of Business
 1223 RIDGEGREEN LOOP N.
 LAKELAND FL 338090870 US

Mailing Address
 1223 RIDGEGREEN LOOP N.
 LAKELAND FL 338090870 US

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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

4. FEI Number
59-3194849
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 **04/23/2001**
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	TR	<input type="checkbox"/> Delete
NAME	MCKAY YURKO	
STREET ADDRESS	5160 GLASGOW AVE.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	TR	<input type="checkbox"/> Delete
NAME	TORCHINE OLEH	
STREET ADDRESS	28648 RYAN RD.	
CITY-ST-ZIP	WARREN MI 48092	
TITLE	TM	<input type="checkbox"/> Delete
NAME	WARREN NATALIA	
STREET ADDRESS	5836 PETUNIA	
CITY-ST-ZIP	ORLANDO FL 32821	
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	D	<input type="checkbox"/> Delete
NAME	DMYTRIUK WALT	
STREET ADDRESS	47 ROMAN LN	
CITY-ST-ZIP	BUFFALO NY 14226	
TITLE	P	<input type="checkbox"/> Delete
NAME	HARPER JASON K	
STREET ADDRESS	1223 RIDGEGREEN LOOP N	
CITY-ST-ZIP	LAKELAND FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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 HARPER P **04/23/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)