

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 14, 2000 8:00 am**  
**Secretary of State**  
 09-14-2000 90017 003 \*\*\*\*70.00

**DOCUMENT # N95000005591**

1. Entity Name

**ST. NICHOLAS RUSSIAN ORTHODOX MISSION AND OUTREA**



Principal Place of Business

4706 N.W. 43RD TERRACE  
 TAMARAC FL 33319  
 US

Mailing Address

4706 N.W. 43RD TERRACE  
 TAMARAC FL 33319  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 25191

Suite, Apt. #, etc.

Tamarac, Florida  
 City & State

Zip

Country

33320-5191 Broward



DO NOT WRITE IN THIS SPACE

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

**CRISCELLA, DAMIAN L**  
 4706 N.W. 43RD TERRACE  
 TAMARAC FL 33319

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**  
**After September 13, 2000 min. will be \$236.25**

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	PD	<input type="checkbox"/> Delete
NAME	CRISCELLA, DAMIAN L	
STREET ADDRESS	4706 N.W. 43RD TERRACE	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CRISCELLA, JULIANNE	
STREET ADDRESS	4706 N.W. 43RD TERRACE	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CRISCELLA, SUE ANN LEE	
STREET ADDRESS	4136 INVERRARY BLVD., #73A	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRANCH, MARY C	
STREET ADDRESS	910 BANKS ROAD	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CRISCELLA, LOUIS III	
STREET ADDRESS	4136 INVERRARY BLVD., #73A	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRISCELLA, STEVEN D	
STREET ADDRESS	7825 FAIRVIEW DRIVE, #208	
CITY-ST-ZIP	TAMARAC FL 33319	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" type="checkbox"/> Addition
NAME	Michael A Criscella	
STREET ADDRESS	Criscella, Michael A.(Director)	
CITY-ST-ZIP	4706 N.W. 43rd Terrace Tamarac, FL. 33319	
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)(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.

Very Rev. Fr. Damian L. Criscella  
**SIGNATURE:** *Very Rev. Fr. Damian L. Criscella* 9/8/00 (954) 486-6320  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)