

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

05-17-2001 90376 044 ****70.00
 09-06-2001 90265 004 ****70.00

DOCUMENT # N96000000656

1. Entity Name

ST. LUKE'S ORTHODOX CATHOLIC CHURCH OF AMERICA,

Principal Place of Business

**10814-88TH AVENUE N
 SEMINOLE FL 33772**

Mailing Address

**10814-88TH AVENUE N
 SEMINOLE FL 33772**

2. Principal Place of Business

3. Mailing Address

P.O. Box 8390

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SEMINOLE

4. FEI Number

59-3358186

Applied For

Not Applicable

Zip

Country

Zip

Country

33775

P. FLORIDA

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

**ROSS, JAMES M REV.
 10814-88TH AVENUE N
 SEMINOLE FL 33772**

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 12, 2001, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 ROSS, JAMES M REV.
 10814-88TH AVENUE N
 SEMINOLE FL 33772** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PTD
 ROSS, JAMES M REV.
 P.O. Box 8390
 SEMINOLE FL 33775** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 SMITHERS-ROSS, MARTHA A
 10814-88TH AVENUE N
 SEMINOLE FL 33772** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 SMITHERS-ROSS, MARTHA A.
 P.O. Box 8390
 SEMINOLE FL 33775** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TD
 ATHANSON, WILLIAM G
 7800 113TH ST. NO.
 SEMINOLE FL 33772** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 HYDE, GEORGE AUGUSTINE REV.
 1305 INDIAN ROCKS RD
 BELLEAIR FL 33756-1057** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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:

James M. Ross

8-29-01 727-539-3695

CR2E037 (5/01)