

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90010 027 ****70.00

DOCUMENT # N97000006040

1. Entity Name

RUSSIAN UKRAINIAN BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**1701 MONROE STREET
 HOLLYWOOD FL 33020**

**318 JACKSON ST.
 HOLLYWOOD FL 33019**

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

65-0881878

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COMPTON, RICHARD REV
 1701 MONROE ST.
 HOLLYWOOD FL 33020**

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

REV. RICHARD COMPTON

APR-16-2001

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 NAME	PD MUDRYK, STEFAN	<input type="checkbox"/> Delete
STREET ADDRESS	319 JACKSON STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE NAME	TD NAZARUK, LIDIA	<input type="checkbox"/> Delete
STREET ADDRESS	432 NE 89TH STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE NAME	SD SERDIUK, ANNA	<input type="checkbox"/> Delete
STREET ADDRESS	231-174 ST. APT 1005	
CITY-ST-ZIP	MIAMI BEACH FL 33168	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

MUDRYK STEFAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 16-2001 954-925-2426

Date

Daytime Phone #

CR2E037 (10/00)