

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90038 037 \*\*\*\*61.25

**DOCUMENT # N99000006650**

1. Entity Name

**ST. MARY'S PARISH OF THE ST. JOHN'S ORTHODOX CAT**

Principal Place of Business

Mailing Address

2175 PINELLAS POINTE DRIVE SOUTH  
 ST. PETERSBURG FL 33712

2175 PINELLAS POINTE DRIVE SOUTH  
 ST. PETERSBURG FL 33712-5825

2. Principal Place of Business

3. Mailing Address

6616 28th St. S

6616 28th St S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St Petersburg FL

City & State

St Petersburg FL

4. FEI Number

59-3632478

Applied For

Not Applicable

Zip

33712

Country

USA

Zip

33712

Country

USA

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

PRZEPIERZYNSKI, NINA  
 2175 PINELLAS POINTE DRIVE SOUTH  
 ST. PETERSBURG FL 33712

Name George Bezler, Rev.

Street Address (P.O. Box Number is Not Acceptable)

6616 28th St. South

City St. Petersburg **FL** Zip Code 33712

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

*George Bezler*

Signature, typed or printed name of registered agent and type if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-18-00

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 **PD**  Delete  
 NAME **PRZEPIERZYNSKI, NINA**  
 STREET ADDRESS **3632 BENSON AVENUE NORTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE **VP/D**  Change  Addition  
 NAME **Rev. George Bezler**  
 STREET ADDRESS **6616 28th St. S**  
 CITY-ST-ZIP **St Petersburg FL 33712**

TITLE **VD**  Delete  
 NAME **IANEV, VALENTIN**  
 STREET ADDRESS **3632 BENSON AVENUE NORTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE **T/D**  Change  Addition  
 NAME **Barbara Milan**  
 STREET ADDRESS **8461 Monarch Cir**  
 CITY-ST-ZIP **Seminole FL 33772**

TITLE **SD**  Delete  
 NAME **ARSENAULT, REBEKAH**  
 STREET ADDRESS **3632 BENSON AVENUE NORTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **GORSKA, GRAZYNA**  
 STREET ADDRESS **3632 BENSON AVENUE NORTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE **PD**  Change  Addition  
 NAME **Rev. Robert Niznik**  
 STREET ADDRESS **6616 28th St. S**  
 CITY-ST-ZIP **St. Petersburg FL 33712**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP**  Change  Addition  
 NAME **Stanley Kloska**  
 STREET ADDRESS **2602 1st St.**  
 CITY-ST-ZIP **Inchian Rocks, FL 33785**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP**  Change  Addition  
 NAME **Bill Wagner**  
 STREET ADDRESS **7430 Sunshine Skyway**  
 CITY-ST-ZIP **St Petersburg FL 33711**

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:

*Rebekah Arsenault*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-00

(727) 866-1473

Date

Daytime Phone #