

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000893

1. Entity Name

THE THREE HIERARCHS ORTHODOX SCHOOL, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90012 017 ****61.25

Principal Place of Business 700 SHAMROCK BLVD. VENICE FL 34293	Mailing Address P.O. BOX 552 VENICE FL 34284-0552
--	---



DO NOT WRITE IN THIS SPACE

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 65-0812959	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PRETSCHNER, ROBERT M
1800 SECOND ST.
STE. 960
SARASOTA FL 34236

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 _____ (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

TITLE	DP	<input type="checkbox"/> Delete
NAME	MOT, CATALIN	
STREET ADDRESS	1629 SHAMROCK BLVD.	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	DV	<input type="checkbox"/> Delete
NAME	NIMEY, MELODY	
STREET ADDRESS	3805 MALEC CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	D	<input type="checkbox"/> Delete
NAME	NIMEY, RAYMOND	
STREET ADDRESS	3805 MALEC CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SCHEIBNER, HILDEGARD	
STREET ADDRESS	2655 NASSAU ST.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CHOUEIRI, RENE	
STREET ADDRESS	533 BRIARWOOD ROAD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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.

SIGNATURE: **RENE CHOUEIRI**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/2000 **(941) 497-6606**
 Date Daytime Phone #

CR2E037 (9/99)