

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90147 007 ****61.25

DOCUMENT # 713602

1. Entity Name

HOLY TRINITY PHILIPTOHOS SOCIETY, INC.

Principal Place of Business

Mailing Address

409 COACHMAN ROAD
 CLEARWATER FL 34625

409 COACHMAN ROAD
 CLEARWATER FL 33765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
33765

Country

Zip

Country

4. FEI Number

59-1200958

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

TRAGOS, EUGENE
125 LEEWARD ISLAND
CLEARWATER FL 33515

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:
FEES 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 PRINOS, MARY
 STREET ADDRESS 851 S BAYWAY BLVD, APT 801
 CITY-ST-ZIP CLEARWATER FL 34630-2623

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD Delete
 NAME POULOS, ANNA
 STREET ADDRESS 2231 UTOPIAN DR EAST, #309
 CITY-ST-ZIP CLEARWATER FL 34623

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD Delete
 NAME BITSIMIS, CONNIE
 STREET ADDRESS 3822 MUIRMIELD CT
 CITY-ST-ZIP PALM HARBOR FL 34685

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME CHAKERES, SOPHIA
 STREET ADDRESS 2967 BROOKFIELD LN
 CITY-ST-ZIP CLEARWATER FL 33761

TITLE TD Change Addition
 NAME **GLORIA MIHALOPOULLOS**
 STREET ADDRESS **2579 COUNTRYSIDE BLVD #302**
 CITY-ST-ZIP **CLEARWATER, FL. 33761**

TITLE AT Delete
 NAME COCOTAS, CATHERINE
 STREET ADDRESS 600 RICHARDS AVE
 CITY-ST-ZIP CLEARWATER FL 34615

TITLE AT Change Addition
 NAME **SOPHIA CHAKERES**
 STREET ADDRESS **2967 BROOKFIELD LN**
 CITY-ST-ZIP **CLEARWATER, FL. 33761**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *Gloria Mihalopoulos* (GLORIA MIHALOPOULLOS)

1/10/00 (727) 799-4605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)