

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90110 042 ****61.25

DOCUMENT # 721484

1. Entity Name

**PAN-CARIAN BROTHERHOOD OF AMERICA HELIOS CHAPTE
R 19, INC.**

Principal Place of Business

Mailing Address

**1476 PINEHURST RD.
DUNEDIN FL 34698-3838**

**1476 PINEHURST RD.
DUNEDIN FL 34698-3838**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ANDERSON, ANN
1476 PINEHURST RD.
DUNEDIN FL 34698**

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

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 **P** ☒ Delete
NAME **GLAROS, FRANCES**
STREET ADDRESS **2460 FRANCISCAN DR., APT. 34**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **P** ☒ Change ☒ Addition
NAME **FEOLA, STACIE**
STREET ADDRESS **1292 MELVILLE AVE.**
CITY-ST-ZIP **SPRING HILL, FL 34608**

TITLE **VPD** ☐ Delete
NAME **FEOLA, STACIE**
STREET ADDRESS **1292 MELVILLE AVE.**
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE **VPD** ☒ Change ☒ Addition
NAME **CHARLOTTE CROCKETT**
STREET ADDRESS **34 ACACIA STREET**
CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE **S** ☐ Delete
NAME **TRIPODIS, ANNA**
STREET ADDRESS **3072 WOODSONG LN.**
CITY-ST-ZIP **CLEARWATER FL 33761**

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

TITLE **VPD** ☒ Delete
NAME **PLUTIS, DESI**
STREET ADDRESS **183 SHORE DR.**
CITY-ST-ZIP **PALM HARBOR FL 33683**

TITLE **VPD** ☐ Change ☒ Addition
NAME **STANLEY PARDOS**
STREET ADDRESS **2481 N.E. COACHMAN #116**
CITY-ST-ZIP **CLEARWATER, FL 33765**

TITLE **T** ☐ Delete
NAME **ANDERSON, ANNA**
STREET ADDRESS **2046 BRENOLA RD.**
CITY-ST-ZIP **CLEARWATER FL 33755**

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

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: *Anna Anderson* **ANDERSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/02
Date

727-443-2089
Daytime Phone #

CR2E037 (9/01)