

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90129 006 \*\*\*\*61.25

**DOCUMENT # 744337**

1. Entity Name

**HELLENIC AMERICAN SOCIETY OF PASCO COUNTY, INC.**

**A0030195**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3530 CHESWICK DR POBV 3692 HOLIDAY FL 34691 US	Mailing Address P O BOX 3692 POBV 3692 HOLIDAY FL 34690-0692 US
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip	Country	Country
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4. FEI Number <b>59-1848551</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**COCORIS, MARY L**  
**3530 CHESWICK DR**  
**HOLIDAY FL 34691**

**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 \_\_\_\_\_

<b>FILE NOW:</b> <b>SEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE D NAME MELTS, JIMMY STREET ADDRESS 9856 LAKEVIEW DR CITY-ST-ZIP NEW PORT RICHEY FL 34654	<input checked="" type="checkbox"/> Delete
TITLE D NAME VLAHOS, JOHN STREET ADDRESS 1004 ANCLOTE DR CITY-ST-ZIP TARPON SPRINGS FL 34689	<input type="checkbox"/> Delete
TITLE P NAME MAYROS, HELEN STREET ADDRESS 3534 JACKSON DR CITY-ST-ZIP HOLIDAY FL 34691	<input checked="" type="checkbox"/> Delete
TITLE VP NAME HUNT, HELEN STREET ADDRESS 14046 FORE COURT CITY-ST-ZIP HUDSON FL 34667	<input checked="" type="checkbox"/> Delete
TITLE D NAME GEORGIADES, LEE STREET ADDRESS 1146 BRIGHTWELL DR CITY-ST-ZIP HOLIDAY, FL 00000	<input type="checkbox"/> Delete
TITLE T NAME POTARIS, OLYMPIA STREET ADDRESS 6619 SPRING FLOWER DR UNIT 11 CITY-ST-ZIP NEW PORT RICHEY FL 34653	<input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE PRESIDENT NAME MELTS, JIMMY STREET ADDRESS 9856 LAKEVIEW DRIVE CITY-ST-ZIP NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VICE-PRESIDENT NAME MAYROS, HELEN STREET ADDRESS 3534 JACKSON DRIVE CITY-ST-ZIP HOLIDAY, FL 34691	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TREASURER NAME COROS, KULA STREET ADDRESS 3653 MADISON ST. CITY-ST-ZIP NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DIRECTOR NAME POTARIS, OLYMPIA STREET ADDRESS 6619 SPRING FLOWER DR. UNIT 11 CITY-ST-ZIP NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SECRETARY NAME COCORIS, MARY L. STREET ADDRESS 3530 CHESWICK DR, CITY-ST-ZIP HOLIDAY, FL 34691	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *MARY L. COCORIS* Date: 3/10/00

CR2E037 (9/99)