

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90038 005 ****61.25

DOCUMENT # 744337

1. Entity Name

HELLENIC AMERICAN SOCIETY OF PASCO COUNTY, INC.

Principal Place of Business

Mailing Address

**3530 CHESWICK DR
 POBV 3692
 HOLIDAY FL 34691
 US**

**P O BOX 3692
 POBV 3692
 HOLIDAY FL 34690
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1848551

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

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

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 Delete
 NAME **P**
MELTS, JIMMY
 STREET ADDRESS **9856 LAKEVIEW DR**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S**
COCORIS, MARYL
 STREET ADDRESS **3530 CHESWICK DR.**
 CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP**
MAYROS, HELEN
 STREET ADDRESS **3534 JACKSON DR**
 CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
~~**RULA, CARLOS**~~
3653 MADISON ST.
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE Change Addition
 NAME **T**
COROS, KULA
 STREET ADDRESS **3653 MADISON ST.**
 CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE Delete
 NAME **D**
GEORGIADES, LEE
 STREET ADDRESS **1146 BRIGHTWELL DR**
 CITY-ST-ZIP **HOLIDAY, FL 00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
POTARIS, OLYMPIA
 STREET ADDRESS **6619 SPRING FLOWER DR UNIT 11**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

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: *MARY L COCORIS, Secy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/02

Date

Daytime Phone #

CR2E037 (9/01)