


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90129 048 \*\*\*\*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

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1848551**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

6. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MELTS, JIMMY	9856 LAKEVIEW DR	NEW PORT RICHEY FL 34654	<input type="checkbox"/>
S	COCORIS, MARYL	3530 CHESWICK DR.	HOLIDAY FL 34691	<input type="checkbox"/>
VP	MAYROS, HELEN	3534 JACKSON DR	HOLIDAY FL 34691	<input type="checkbox"/>
T	COROS, KULA	3653 MADISON ST.	NEW PORT RICHEY FL 34652	<input type="checkbox"/>
D	GEORGIADES, LEE	1146 BRIGHTWELL DR	HOLIDAY FL	<input type="checkbox"/>
D	POTARIS, OLYMPIA	6619 SPRING FLOWER DR UNIT 11	NEW PORT RICHEY FL 34653	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.      Date: 1/28/03      Daytime Phone # \_\_\_\_\_

CR2E037 (10/02)