

2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Feb 13, 2001 8:00 am
Secretary of State

01-26-2001 90114 026 ****61.25

DOCUMENT # N00000000689

1. Entity Name

ARGONAUTES HELLENIC ORGANIZATION OF GREEK ORTHOD

Principal Place of Business

Mailing Address

1601 S. KEENE ROAD
 CLEARWATER FL 33756

1601 S. KEENE ROAD
 CLEARWATER FL 33756

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

FIN 59-3622299

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

KANTARAS, K. DEAN
801 N. HERCULES AVENUE
SUITE D
CLEARWATER FL 33765

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		PRESIDENT KALINIKOS SOTIRIOS ZACHAROPOULOS 1601 S. KEENE RD CLEARWATER, FL 33756	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		VICE PRESIDENT PETE HALEAS 5610 N. KIMBALL AVE. CHICAGO, ILL 60	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		SECRETARY SOTIRIOS ZACHAROPOULOS 1601 S. KEENE RD. CLEARWATER, FL 33756	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		TREASURER DIMITRI HARARIS 13473 CROFT DR. N. LARGO, FL 33774	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-2001

CR2E037 (10/00)