

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90005 033 \*\*\*\*61.25

**DOCUMENT # N00000000689**

1. Entity Name

**ARGONAUTES HELLENIC ORGANIZATION OF GREEK ORTHOD  
 OX. PLANNING, INC.**

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

4. FEI Number

**59-3622299**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Sotirios Zacharopoulos J.R.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1601 S. KEENE RD.**  
 City **CLEARWATER FL** Zip Code **33756**

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 **PD ZACHAROPOULOS, KALLINIKOS S**  
 STREET ADDRESS **1601 S. KEENE RD.**  
 CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VPD HALEAS, PETE**  
 STREET ADDRESS **5610 W. KIMBALL AVE.**  
 CITY-ST-ZIP **CHICAGO IL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD ZACHAROPOULOS, SOTIRIOS**  
 STREET ADDRESS **1601 S. KEENE RD.**  
 CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD HARARIS, DIMITRI**  
 STREET ADDRESS **13473 CROFT DR.**  
 CITY-ST-ZIP **LARGO FL 33774**

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

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 power like empowered.

SIGNATURE:

*[Handwritten Signature]*

CR2E037 (9/01)