

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jul 06, 2000 8:00 am
Secretary of State

06-20-2000 90009 032 ****75.00

DOCUMENT # N38577
1. Entity Name
PANHELLENIC FEDERATION OF FLORIDA INC.

(R)

Principal Place of Business **Mailing Address**
P.O. BOX 516 ~~15 BOOTH BLVD~~ - P O Box 516
PALM HARBOR FL 34682-0516 ~~SARASOTA FL 34682-0516~~
US Palm Harbor FL 34682



DO NOT WRITE IN THIS SPACE

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 **Applied For**
59-3138537 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KOKOLAKIS, JOHN
103 BUENA VISTA DRIVE
DUNEDIN FL 34698

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: *John Kokolakis* **6-3-00**
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

| | | |
|-----------------------|-------------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | KOKOLAKIS, JOHN | D |
| STREET ADDRESS | 103 BUENA VISTA DRIVE | |
| CITY-ST-ZIP | DUNEDIN FL 34698 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | SEVASTOSAS, STELIOS | |
| STREET ADDRESS | 1190 MINEOLA CIRCLE | |
| CITY-ST-ZIP | PALM HARBOR FL 34683 | |
| TITLE | ATD | <input type="checkbox"/> Delete |
| NAME | FILLIPOKIS, JOHN | D |
| STREET ADDRESS | 4162 EAGLE WATCH BLVD. | |
| CITY-ST-ZIP | PALM HARBOR FL 34685 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|-----------------------|------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Tom Ratin | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 936 Virginia St # 301 | D |
| CITY-ST-ZIP | Dunedin FL 34698 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 powers.
SIGNATURE: *John Kokolakis* **6-3-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)