

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2001 8:00 am
Secretary of State

08-22-2001 90223 002 ****61.25

0015069

DOCUMENT # N38577

1. Entity Name
PANHELLENIC FEDERATION OF FLORIDA INC.

Principal Place of Business: P.O. BOX 516, PALM HARBOR FL 34682-0516, US
 Mailing Address: P.O. BOX 516, PALM HARBOR FL 34682-0516, US

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country

LA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3138537** Applied For: 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: **MICHAEL SERVOS**
 Street Address (P.O. Box Number is Not Acceptable): **1020 Spruce Dr.**
 City: **Belleair Beach FL** Zip Code: **33786**

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]* DATE: **08-18-01**

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
After September 12, 2001, min. will be \$236.25

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	D KOKOLAKIS, JOHN 103 BUENA VISTA DRIVE DUNEDIN FL 34698 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL SERVOS <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1020 Spruce Dr. Belleair Beach, FL 33786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RALIN, TOM 936 VIRGINIA ST #301 DUNEDIN FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FILLIPOKIS, JOHN 4162 EAGLE WATCH BLVD. PALM HARBOR FL 34685 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PEGGY KOKOLAKIS <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 103 BUENA VISTA DRIVE DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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]* **SIGNATURE REQUIRED** DATE: **08-18-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/01)