

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91783 019 \*\*\*\*61.25

**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

80118833



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3138537**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SERVOS, MICHAEL**  
**1020 SPRUCE DRIVE**  
**BELLEAIR BEACH FL 33786**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-25-02

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SERVOS, MICHAEL</b>	
STREET ADDRESS	<b>1020 SPRUCE DRIVE</b>	
CITY-ST-ZIP	<b>BELLEAIR BEACH FL 33786</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RALIN, TOM</b>	
STREET ADDRESS	<b>936 VIRGINIA ST #301</b>	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KOKOLAKIS, PEGGY</b>	
STREET ADDRESS	<b>103 BUENA VISTA DRIVE</b>	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

CR2E037 (9/01)

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 I am empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

04-25-02

Date

Daytime Phone #