

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90081 031 ****70.00

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
P.O. Box 516
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 516
Suite, Apt. #, etc.

City & State
PALM HARBOR, FL
Zip
34682
Country
USA

City & State
PALM HARBOR, FL
Zip
34682
Country
USA

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

SERVOS, MICHAEL
1020 SPRUCE DRIVE
BELLEAIR BEACH FL 33786

7. Name and Address of New Registered Agent

Name **MICHAEL SERVOS**
Street Address (P.O. Box Number is Not Acceptable)
1020 SPRUCE DRIVE
Belleair Beach, FL 33786
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: **MICHAEL SERVOS** *[Signature]* **07-07-03**
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 Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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]* **MICHAEL SERVOS** **07-07-03**

CR2E037 (10/02)