

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90034 049 ****61.25

DOCUMENT # N39589

1. Entity Name

SOCIETY OF EPIROTES OF FLORIDA EPIRUS INC.

Principal Place of Business

P. O. BOX 4996
 CLEARWATER FL 34618-8229

Mailing Address

2245 CIMARRON TER.
 PALM HARBOR FL 34683

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

59-3105658

Applied For

Not Applicable

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

CHRISTINA MALO LAPPAS
2245 CIMARRON TER.
PALM HARBOR FL 34683

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

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 | D | <input type="checkbox"/> Delete |
| NAME | MALO LAPPAS, CHRISTINA | |
| STREET ADDRESS | 2245 CIMARRON TER. | |
| CITY-ST-ZIP | PALM HARBOR FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KIKIS, CHRIS | |
| STREET ADDRESS | 1203 GULF ROAD | |
| CITY-ST-ZIP | TARPON SPRINGS FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MIHOPOULOS, EVEONORA | |
| STREET ADDRESS | 311 HARBOR PASSAGE | |
| CITY-ST-ZIP | CLEARWATER FL 33767 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MALO, DIONIS | |
| STREET ADDRESS | 193 OLD OAK CIR. | |
| CITY-ST-ZIP | PALM HARBOR FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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

SIGNATURE:

SIGNATURE REQUIRED
 Signature and typed or printed name of signing officer or director: *George J. Paul*
 Date: *2/13/01* (727) 412-3945
 Daytime Phone #

CR2E037 (10/00)