

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90039 008 ****61.25

DOCUMENT # N39589

1. Entity Name

SOCIETY OF EPIROTES OF FLORIDA EPIRUS INC.

Principal Place of Business

Mailing Address

P. O. BOX 4996
 CLEARWATER FL 34618-8229

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: D MALO LAPPAS, CHRISTINA	<input type="checkbox"/>	NAME:	<input type="checkbox"/>
STREET ADDRESS: 2245 CIMARRON TER.		STREET ADDRESS:	
CITY-ST-ZIP: PALM HARBOR FL		CITY-ST-ZIP:	
NAME: D KIKIS, CHRIS	<input type="checkbox"/>	NAME:	<input type="checkbox"/>
STREET ADDRESS: 1203 GULF ROAD		STREET ADDRESS:	
CITY-ST-ZIP: TARPON SPRINGS FL		CITY-ST-ZIP:	
NAME: D MIHOPOULOS, EVEONORA	<input type="checkbox"/>	NAME:	<input type="checkbox"/>
STREET ADDRESS: 311 HARBOR PASSAGE		STREET ADDRESS:	
CITY-ST-ZIP: CLEARWATER FL 33767		CITY-ST-ZIP:	
NAME: D MALO, DIONIS	<input type="checkbox"/>	NAME:	<input type="checkbox"/>
STREET ADDRESS: 193 OLD OAK CIR.		STREET ADDRESS:	
CITY-ST-ZIP: PALM HARBOR FL		CITY-ST-ZIP:	
NAME:	<input type="checkbox"/>	NAME:	<input type="checkbox"/>
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
NAME:	<input type="checkbox"/>	NAME:	<input type="checkbox"/>
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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: *Christina Malo Lappas*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *2/5/02* Daytime Phone #: *(727) 442-3945*

CR2E037 (9/01)