## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an Ad

## Jun 06, 2000 8:00 am Secretary of State **DOCUMENT # N46794** 1. Entity Name ORDER OF AHEPA, BOCA RATON CHAPTER NO. 487, INC. 06-06-2000 90479 029 \*\*\*\*61.25 Principal Place of Business Mailing Address 1200 S.E. 15TH AVENUE 1200 S.E. 15TH AVENUE DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441-7164 2. Principal Place of Business 526 CORMORAUT Rd 100 NW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent XENAKIS, ALEXANDER D. 1200 S.E. 15TH AVENUE DEERFIELD BEACH FL 33441 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 NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition Delete TITLE TITLE XENAKIS, ALEXANDER D. NAME NAME STREET ADDRESS STREET ADDRESS 1200 SE 15TH AVENUE WECCASC CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33441** TITLE Change ☐ Addition ٧D ☐ Delete TITLE DIMARTINO, JOSEPH NAME NAME STREET ADDRESS 1526 S. CORMORANT ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **DELRAY BEACH FL 33444** \_\_\_ Change -Addition. TITLE ☐ Delete. STAMOS, MIKE NAME STREET ADDRESS 701 E CAMINO REAL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Change ☐ Addition ☐ Delete TITLE SIROUNIS, JOHN NAME NAME STREET ADDRESS 861 SW 15TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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 employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

er like empowered.

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