

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2000 08:00 AM
Secretary of State

DOCUMENT # N47854

1. Entity Name
 CRETAN ASSOCIATION OF NAPLES AND SOUTHWEST FLORIDA, IN C.

| | |
|--|--|
| Principal Place of Business 971 ROSE WAY NAPLES FL 34104 | Mailing Address 971 ROSE WAY NAPLES FL 34104 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business 6081 18TH AVE. N.W. | 3. Mailing Address 6081 18TH AVE. N.W. |
|---|---|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|---------------------------|---------------------------|
| City & State NAPLES FL | City & State NAPLES FL |
|---------------------------|---------------------------|

| | | | |
|--------------|---------|--------------|---------|
| Zip 34119 | Country | Zip 34119 | Country |
|--------------|---------|--------------|---------|

| | |
|------------------------------------|--|
| 4. FEI Number 65-0318232 | Applied For <input type="checkbox"/> 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

PETRAKIS EMANUEL
 971 ROSE WAY
 NAPLES FL 34104 US

7. Name and Address of New Registered Agent

| |
|---|
| Name ANDREOULAKIS CHRIS |
| Street Address (P.O. Box Number is Not Acceptable) 6081 18TH AVE. N.W. |
| City NAPLES FL Zip Code 34119 |

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 **CHRIS ANDREOULAKIS**

04/23/2000

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

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD VOUTSIS IRENE 1885 COURT WAY, #A102 NAPLES FL 34112 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD TZOUGANAKIS CHRIS 6081 18TH AVENUE N.W. NAPLES FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ANDREOULAKIS, EFSTRATOS 2395 NAPLES TRACE CIR #5 NAPLES FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PETRAKIS EMANUEL 971 ROSE WAY NAPLES FL 34104 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CHINTAKIS NICK 3700 MERCHANTILE AVE. NAPLES FL 34104 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PETRAKIS CLEOPATRA 971 ROSEWAY NAPLES FL 34104 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MANTADAKIS MARCOS 696 106TH AVE. NAPLES FL 34108 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ANDREOULAKIS CHRIS 6081 18TH AVE. N.W. NAPLES FL 34119 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.