

2000 UNIFORM BUSINESS REPORT (UBR)

5/8/

FILED
Jun 16, 2000 8:00 am
Secretary of State

05-08-2000 90087 010 ****70.00

DOCUMENT # N99000007013

(R)

1. Entity Name
CEPHALONIAN SOCIETY O KEFALOS OF FLORIDA, INC.

Principal Place of Business Mailing Address
109 BAYVIEW BLVD., STE. A **109 BAYVIEW BLVD., STE. A**
OLDSMAR FL 34677 **OLDSMAR FL 34677**

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 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

ANGELATOS, SOTIRIOS
109 BAYVIEW BLVD., STE. A
OLDSMAR FL 34677

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 ANGELATOS SOTIRIOS [Signature] 4/26/00
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating DATE

FILE NOW:
FEF 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 | PD | <input type="checkbox"/> Delete |
| NAME | AGELATOS, SOTIRIOS | |
| STREET ADDRESS | 109 BAYVIEW BLVD., STE. A | |
| CITY-ST-ZIP | OLDSMAR FL 34677 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | EVANGELATOS, JOHN | |
| STREET ADDRESS | 6958 301 AVE. N. | |
| CITY-ST-ZIP | CLEARWATER FL 33871 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | GALIATSATOS, ALEXANDROS | |
| STREET ADDRESS | 2141 ANDREWS CT. | |
| CITY-ST-ZIP | DUNEDIN FL 34698 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | ANGELATOS, ANGELOS | |
| STREET ADDRESS | 109 BAYVIEW BLVD., STE. A | |
| CITY-ST-ZIP | OLDSMAR FL 34677 | |
| 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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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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)(b), 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 817, 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: ANGELATOS SOTIRIOS [Signature] 4/26/00 813-814-7575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/98)