

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90059 049 ***158.75

DOCUMENT # 615883	
1. Entity Name ADELPHIA ENTERPRISES, INC.	
Principal Place of Business 6100 Cortez Road West Bradenton, Florida 34210	Mailing Address 4008 14th Avenue West Bradenton, Fl. 34205-1511
2. Principal Place of Business 4008 14th Avenue East	3. Mailing Address 4008 14th Avenue East
Suite, Apt. #, etc.	Suite, Apt. #, etc.

D0056302

DO NOT WRITE IN THIS SPACE

City & State Bradenton, Fl.	City & State Bradenton, Fl.	4. FEI Number 59-2042318	Applied For <input type="checkbox"/> Not Applicable
Zip 34208	Country Manatee	Zip 34208	Country Manatee
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KAKLIS, V. WILLIAM, ESQ. 1400 4th Avenue West Bradenton, Florida 34205		7. Name and Address of New Registered Agent	
		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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT	NAME CHRISTOPOULOS, NICK STREET ADDRESS 7401 N. Clark Street CITY-ST-ZIP Chicago, Illinois 60626	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	NAME CHRISTOPOULOS, BILL STREET ADDRESS 4008 14th Avenue East CITY-ST-ZIP Bradenton, Florida 34208	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **5/11/01** **941--729-4402**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Bill Christopoulos Date Daytime Phone #

CR2E034 (11/00)