FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 615883

1. Entity Name

ADELPHIA ENTERPRISES, INC.

FILED
02 MAY 28 AM 7:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	**4008 14th Avenue East**
City & State	Suite, Apt. #, etc.
Zip / Country	**Bradenton, Florida**
	Zip **34208** Country **Manatee**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2042318** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: **V. WILLIAM KAKLIS, ESQ.**

Street Address (P.O. Box Number is Not Acceptable): **1400 4th Avenue West**

City: **Bradenton** FL Zip Code: **34205**

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

(Authorized person(s) of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

9. Not-for-profit corporation is eligible to satisfy its intangible tax requirement and elects to do so (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**PT** **CHRISTOPOULOS, NICK** **7401 N. Clark Street** **Chicago, Illinois 60626**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**SD** **CHRISTOPOULOS, Bill** **4008 14th Avenue East** **Bradenton, Florida 34208**
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CR2E034B (12/01)

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 electronic 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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