

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701821

1. Entity Name

SAINT BARBARA GREEK ORTHODOX CHURCH OF THE GREEK

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90106 013 ****61.25

Principal Place of Business

Mailing Address

7671 N. LOCKWOOD RIDGE RD.
SARASOTA FL 34243-4931
US

7671 N LOCKWOOD RIDGE RD
SARASOTA FL 34243-4931
US

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

59-6136818

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

DILLES, SOPHIA
1116 79TH ST N.W.
BRADENTON FL 34209

Name

CHARLES KOSTOPOULOS

Street Address (P.O. Box Number is Not Acceptable)

7671 N. LOCKWOOD RIDGE RD

SARASOTA

City

SARASOTA

FL

Zip Code

34243

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

Sophia Dilles
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-24-00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete
NAME STRATTON, J. N
STREET ADDRESS 4193 LAS PALMS WAY
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Change ☒ Addition
NAME PETER LYKARDPOULOS
STREET ADDRESS 2571 PARMA ST
CITY-ST-ZIP SARASOTA FL
ASSIST. TREAS.

TITLE T ☐ Delete
NAME KOSTOPOULOS, CHARLES
STREET ADDRESS 4055 LASILLAS DR
CITY-ST-ZIP SARASOTA FL 34238

TITLE ☐ Change ☒ Addition
NAME JOHN OLENICK, TREAS
STREET ADDRESS 5500 MERRIMAC
CITY-ST-ZIP SARASOTA FL 34231

TITLE AT ☒ Delete
NAME DILLES, SOPHIA
STREET ADDRESS 1116 79TH STREET N.W.
CITY-ST-ZIP BRADENTON FL 34209

TITLE ☐ Change ☒ Addition
NAME HARIKIA JOSEPHANS
STREET ADDRESS P.O. BOX 609
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE V ☐ Delete
NAME KARAS, MIKE
STREET ADDRESS 1860 PHILLIP ST
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ Change ☒ Addition
NAME GREG GREGORY, SEC.
STREET ADDRESS 6598 MEADERING WAY
CITY-ST-ZIP BRADENTON FL 34202

TITLE SD ☒ Delete
NAME KIRLANGITIS, MARIA
STREET ADDRESS 9228 WOOD MEADOW LOOP
CITY-ST-ZIP BRADENTON FL 34202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SR ☒ Delete
NAME WHYTE, TINA
STREET ADDRESS 415 75TH ST
CITY-ST-ZIP BRADENTON FL 34209

TITLE ☐ Change ☐ 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)(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.

SIGNATURE:

Sophia Dilles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/00

941-365-2616

CR2E037 (9/99)