N	
Q	
2	
-	
Q	

Change

☐ Addition

941-

2001 UNIFORM BUS	SINESS REPO	ORT (UBR)	~			
DOCUMENT # 701821	Sep 10, 2001 8:00 am Secretary of State					
SAINT BARBARA GREEK ORTHOD	OX CHURCH OF THE	GREEK		10-2001 90044 01		
			(A)			
Principal Place of Business	Mailing Address	70	<b>"</b> "			
7671 N. LOCKWOOD RIDGE RD. SARASOTA FL 34243-4931	7671 N LOCKWOOD RIDO SARASOTA FL 34243-493					
US	US	•				
2. Principal Place of Business	3. Mailing Address					
						ı
Suite, Apt. #, etc.	Suite, Apt. #, etc.		D	O NOT WRITE IN THIS	SPACE	
City & State	City & State		4. FEI Number 59-	6136818	Applied For	
Zip Country	Zip	Country	5. Certificate of Statu		Not Applica \$8.75 Additional	nie
6. Name and Address of Curre	nt Registered Agent			ss of New Registered	Fee Required Agent	$\dashv$
The second secon			B Smit	-	<mark>के पश्चिक्तराज्य राह्या ।</mark>	<del>, ,</del> .
KOSTOROULOS CHARLES		Street Addres	s (P.O. Box Number is No	Acceptable)	LV)	
7671 N LOCKAOOD RIDGE RD SARASOTA FL-34243		ELL	ENTON'			
	1	City		FL	Zip Code 34222	
8. The above named entity submits this statement	for the purpose of changing its	s registered office or regis	tered agent, or both, in the	state of Florida.		-
	1. Decident			a u a	. 1	
SIGNATURE Signature, types or printed name of registered age	int and title if applicable. (NOT	E: Registered Agent signature requi	ired when reinstating)	DATE	<u> </u>	-
FILE MONE FEE 10 cod or	O Florida O	. 5		*181		
		paign Financing st.00 May Be Added to Fees Make Check Payable to Department of State				
10. OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DI	BECTORS IN 10	_
TITLE AT LYNKIAPDOPOLILOS DETER	Delete		RES.		☐ Change	isi (2/0/2)
NAME LYNKIARDOPOULOS, PETER STREET ADDRESS 2571 PARMA ST			B SWITH	Gamble L	-N	37 (5
CITY-ST-ZIP SARASOTA FL		CITY-ST-ZIP	LLENTON 1			S CR2E037
NAME KOSTOPOULOS, CHARLES	Delete	NAME 3	eorgia G 812 71stt	ATES Edo F.	☐ Change ▲ Additi	ion   5
STREET ADDRESS 4055 LASILLAS DR SARASOTA FL-34238			RASOTA F	L 34243	"	
пп.е Т	Delete	TITLE	- Secret	Any - HECC	□ Change □ Additi	<del></del> ^ .
NAME OLENICK, JOHN STREET ADDRESS 5500 MERRIMAC		NAME STREET ADDRESS				
CITY-ST-ZIP SARASOTA FL 34231		CITY-ST-ZIP				
TITLE V NAME KARAS, MIKE	Delete	TITLE DE	19 DICK G	rimbos	☐ Change Additi	on
- STREET ADDRESS 1860 PHILLIP ST	•	STREET ADDRESS S A	heasoma ri	342		
CITY-ST-ZIP SARASOTA FL 34232 TITLE SD						- 1
			TSISS.	Ensuree		_
	HARIXLIA		SSIST. TE	DEN I	Change	on
	HARIKLIA	TITLE		DENI DENI		on

TITLE

NAME

☐ Delete

STREET ADDRESS

upplied with the fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information tall 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 rusts empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if n access, with all other like empowered.

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

12. I hereby certify that the informal indicated on this report or support the corporation or the receiphanged, or on an attachment.

SIGNATURE:

GREGORY, GREG 6598 MEADERING WAY

BRADENTON FL 34282