

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90128 015 ****61.25

DOCUMENT # 701860

1. Entity Name

ST. DEMETRIOS GREEK ORTHODOX COMMUNITY OF BROWAR

Principal Place of Business

815 N E 15TH AVENUE
 FT. LAUDERDALE FL 33304

Mailing Address

815 N E 15TH AVENUE
 FT. LAUDERDALE FL 33304-4402

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1235704

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOGAN, VINCENT
 815 N E 15TH AVENUE
 FT. LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name **Victor Demetriou**

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

3141 N 39 St.

City **Hollywood**

FL Zip Code **33021**

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

Victor Demetriou - President

Victor Demetriou

4/28/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HOGAN, VINCENT	
STREET ADDRESS	199 E RIVERBEND DR	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HOGAN, VINCENT	
STREET ADDRESS	199 E RIVERBEND DR.	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DEMETRIOU, VICTOR	
STREET ADDRESS	3004 WILLOW LANE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MAIORANA, ANTONIO	
STREET ADDRESS	3221 N 43TH ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KIRIFIDES, LAZARUS	
STREET ADDRESS	2001 N 40TH AVE.	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICTOR DEMETRIOU	
STREET ADDRESS	3141 N 39 St	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS MATSON	
STREET ADDRESS	308 NE 46 St	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRY TANGALAKIS	
STREET ADDRESS	5571 BAYVIEW DR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	

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: *Victor Demetriou*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Victor Demetriou **4/28/00** **467-1515**
 DATE DAYTIME PHONE #

CR2E037 (9/99)