

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90035 005 ****61.25

DOCUMENT # 701860

1. Entity Name

**ST. DEMETRIOS GREEK ORTHODOX COMMUNITY OF BROWAR
D COUNTY, INC.**

Principal Place of Business

**815 N E 15TH AVENUE
FT. LAUDERDALE FL 33304**

Mailing Address

**815 N E 15TH AVENUE
FT. LAUDERDALE FL 33304**

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

59-1235704

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEMETRIOU, VICTOR
3141 N 39 ST
HOLLYWOOD FL 33021**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Delete
PD
NAME **DEMETRIOU, VICTOR**
STREET ADDRESS **3141 N 39 ST**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **TD**
MAIORANA, ANTONIO
STREET ADDRESS **3221 N 43TH ST.**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **S**
MATSON, DENNIS
STREET ADDRESS **308 NE 46 ST**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VD**
TANGALAKIS, HARRY
STREET ADDRESS **5571 BAYVIEW DR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____ **2/2/02 954-467-1515**

CR2E037 (9/01)