

## 2000 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED

Apr 24, 2000 8:00 am  
Secretary of State

01-27-2000 90129 022 \*\*\*\*61.25

DOCUMENT # 703950

1. Entity Name

HOLY MOTHER OF GOD GREEK ORTHODOX CHURCH, INC.

Principal Place of Business

1645 PHILLIPS ROAD  
TALLAHASSEE FL 32308

Mailing Address

1645 PHILLIPS ROAD  
TALLAHASSEE FL 32308-5303

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-1709559

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

PAPAGEORGE, MIKE  
529 FRANK SHAW RD  
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TALANTIS, KATHLEEN	
STREET ADDRESS	2122 GLENNRIDGE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	PAPAGEORGE, MIKE	
STREET ADDRESS	529 FRANK SHAW RD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KOIKOS, JIMMY	
STREET ADDRESS	1906 ROSEDALE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KYPREOS, EVA	
STREET ADDRESS	1500 S MERIDIAN ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	VLANDIS, JOHN	
STREET ADDRESS	6100 BORDERLINE DR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	POULOS, ANDREW	
STREET ADDRESS	113 DEVEREAUX DR	
CITY-ST-ZIP	THOMASVILLE GA 31792	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPAGEORGE, MIKE	
STREET ADDRESS	529 FRANK SHAW RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALANTIS, KATHLEEN	
STREET ADDRESS	2122 GLENNRIDGE DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOANDOS, NICK	
STREET ADDRESS	2013 MORNING DOVE RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUZYNA, GEORGE	
STREET ADDRESS	2949 HEATHER HILL LANE	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)