

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90147 007 \*\*\*\*61.25

**DOCUMENT # 713602**

1. Entity Name

**HOLY TRINITY PHILIPTOHOS SOCIETY, INC.**

Principal Place of Business

Mailing Address

409 COACHMAN ROAD  
 CLEARWATER FL 34625

409 COACHMAN ROAD  
 CLEARWATER FL 33765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip **33765**

Country

Zip

Country

4. FEI Number

**59-1200958**

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

**TRAGOS, EUGENE**  
**125 LEEWARD ISLAND**  
**CLEARWATER FL 33515**

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:**  
**FEES 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 NAME PD PRINOS, MARY  Delete  
 STREET ADDRESS 851 S BAYWAY BLVD, APT 801  
 CITY-ST-ZIP CLEARWATER FL 34630-2623

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME VPD POULOS, ANNA  Delete  
 STREET ADDRESS 2231 UTOPIAN DR EAST, #309  
 CITY-ST-ZIP CLEARWATER FL 34623

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME VPD BITSIMIS, CONNIE  Delete  
 STREET ADDRESS 3822 MUIRMIELD CT  
 CITY-ST-ZIP PALM HARBOR FL 34685

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME TD CHAKERES, SOPHIA  Delete  
 STREET ADDRESS 2967 BROOKFIELD LN  
 CITY-ST-ZIP CLEARWATER FL 33761

TITLE NAME TD GLORIA MIHALOPOULOS  Change  Addition  
 STREET ADDRESS 2579 COUNTRYSIDE BLVD #302  
 CITY-ST-ZIP CLEARWATER, FL. 33761

TITLE NAME AT COCOTAS, CATHERINE  Delete  
 STREET ADDRESS 600 RICHARDS AVE  
 CITY-ST-ZIP CLEARWATER FL 34615

TITLE NAME AT SOPHIA CHAKERES  Change  Addition  
 STREET ADDRESS 2967 BROOKFIELD LN  
 CITY-ST-ZIP CLEARWATER, FL. 33761

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 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: *Gloria Mihalopoulos* (GLORIA MIHALOPOULOS)

1/10/00 (727) 799-4605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)