

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 726925**

1. Entity Name

HELLENIC SOCIETY OF ST. AUGUSTINE, INC.**FILED****Mar 29, 2001 8:00 am**
Secretary of State

03-29-2001 90026 019 ****61.25

Principal Place of Business

**7 WALDO ST
ST AUGUSTINE FL 32084
US**

Mailing Address

**7 WALDO ST
ST AUGUSTINE FL 32084
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2739282

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SARRIS, GERALDINE R
7 WALDO ST
SAINT AUGUSTINE FL 32084**

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 \$61.25**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 **D** ☐ Delete
NAME **POULOS, VASSO C**
STREET ADDRESS **25 OAK RD**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**TITLE **P** ☐ Delete
NAME **PETERSON, GARY**
STREET ADDRESS **1191 BROOKSIDE COURT**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**TITLE **V** ☐ Delete
NAME **SARRIS, STEVE**
STREET ADDRESS **VAILL POINT RD**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**TITLE **S** ☐ Delete
NAME **SARRIS, GERALDINE R**
STREET ADDRESS **185 VAILL POINT RD**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**TITLE **T** ☐ Delete
NAME **WELLING, ELIZABETH K**
STREET ADDRESS **17 SUNFISH DR**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**TITLE **D** ☐ Delete
NAME **POTIANOS, MICHAEL G**
STREET ADDRESS **460 GERONA RD**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **ALLEN, ELLEN S**
STREET ADDRESS **511 Vaill Pt RD**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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)(f), 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: *Geraldine R. Sarris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-01

904/794-2730

Date

Daytime Phone #

CR2E037 (10/00)