

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90020 030 ****61.25

DOCUMENT # 737233

1. Entity Name

GREEK ORTHODOX YOUTH CAMP - OLYMPIC VILLAGE FOUN

Principal Place of Business

**13460 OLYMPIC VILLAGE LANE
 BROOKSVILLE FL 34614**

Mailing Address

**13376 OLYMPIC VILLAGE LANE
 BROOKSVILLE FL 34614**

2. Principal Place of Business

13460 Olympic Village Lane
 Suite, Apt. #, etc.

3. Mailing Address

13376 Olympic Village Lane
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BROOKSVILLE Florida

City & State

BROOKSVILLE, Florida

4. FEI Number

59-1707092

Applied For

Not Applicable

Zip

34614

Country

U.S.A

Zip

34614

Country

U.S.A

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LIADIS, JOHN (FATHER)
 13460 OLYMPIC VILLAGE LANE
 BROOKSVILLE, FL 34614**

7. Name and Address of New Registered Agent

Name **Liadis, John (Father)**
 Street Address (P.O. Box Number is Not Acceptable)
13376 Olympic Village Lane
Brooksville
 City **Brooksville** FL Zip Code **34614**

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

4-10-01

**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 type="checkbox"/> Delete
NAME	LIADIS, JOHN (FATHER)	
STREET ADDRESS	13460 OLYMPIC VILLAGE LN	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOURGIDES, CONNIE	
STREET ADDRESS	267 ORIANA DRIVE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KONTOGIORGIS, MICHAEL (FATHER)	
STREET ADDRESS	106 VALENCIA LOOP	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	T	<input type="checkbox"/> Delete
NAME	STEFFEN, KATINA	
STREET ADDRESS	3229 SUMMER LAKE DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CONDAXIS, PETER	
STREET ADDRESS	1805 WEST BEAVER STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'MARA, STEPHANIE	
STREET ADDRESS	12763 112TH ST N	
CITY-ST-ZIP	LARGO FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Liadis, John (Father)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Liadis, John (Father)	
STREET ADDRESS	13376 Olympic Village Lane	
CITY-ST-ZIP	Brooksville, FL 34614	
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		<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: **Fr. John Liadis** Father John Liadis 4-10-01 (352) 754-1836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)