

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755355

1. Entity Name

ORANGE BLOSSOM CHAPTER OF PANCRETAN ASSOCIATION

Principal Place of Business

1821 CURLEW RD
PALM HARBOR FL 34683

Mailing Address

1821 CURLEW RD
PALM HARBOR FL 34683-6816

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOUTZOUKAS, MICHAEL E.
704 W BAY STREET
TAMPA FL 33606

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Delete
NAME	KASTRENAKES, MANUEL	
STREET ADDRESS	1821 CURLEW RD	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VP	☒ Delete
NAME	TEREZAKIS, ANDREAS	
STREET ADDRESS	1821 CURLEW RD	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	SD	☐ Delete
NAME	KOURMAYLAKIS, MICHAEL	
STREET ADDRESS	1821 CURLEW RD	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	☐ Delete
NAME	PALLAS, 1821-CURLEW	
STREET ADDRESS	1821 CURLEW RD	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	☒ Delete
NAME	PALLAS, JAMES	
STREET ADDRESS	1821 CURLEW RD	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	☐ Delete
NAME	KOKOLAKOIS, PEGGY	
STREET ADDRESS	1821 CURLEW 4RD	
CITY-ST-ZIP	PALM HARBOR FL	

TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	TEREZAKIS, ANDREAS	
STREET ADDRESS	1821 CURLEW Rd.	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME	Tessie Pallas	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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:

A SIGNATURE REQUIRED

Feb. 26, 2000

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE