## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Mar 12, 2001 8:00 am Secretary of State **DOCUMENT # 755355** 1. Entity Name ORANGE BLOSSOM CHAPTER OF PANCRETAN ASSOCIATION 03-12-2001 90502 005 \*\*\*\*61.25 Principal Place of Business Mailing Address 1821 CURLEW RD 1821 CURLEW RD PALM: HARBOR: FL, 34683 PALM HARBOR FL: 34683 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BOUTZOUKAS, MICHAEL E. 704 W BAY STREET TAMPA FL 33606 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) DATE **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE ☐ Addition NAME TEREZAKIS, ANDREAS NAME STREET ADDRESS 1821 CURLEW RD STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP TITLE SD TITLE ☐ Delete ☐ Change ☐ Addition KOURMAYLAKIS, MICHAEL NAME NAME STREET ADDRESS 1821 CURLEW RD STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL CITY-ST-ZIP TITI F Delete Addition Change NAME PALLAS; TESSIE STREET ADDRESS 1821 CURLEW RD-STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL CITY-ST-ZIP Delete TITLE KOKOLAKOIS: PEGGY NAME NAME STREET ADDRESS 1821 CURLEW 4RD STREET ADDRESS CITY-ST-7IP PALM HARBOR FE CITY-ST-ZIP TITLE □ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: AND TYPED OF PRINTED NAME OF SIGNATURE AND TYPED OF