

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90190 015 \*\*\*\*61.25

**DOCUMENT # 761620**

1. Entity Name

**GREEK-AMERICAN COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

2525 SOUTH 25TH STREET  
 FT. PIERCE FL 34981

Mailing Address

2525 SOUTH 25TH STREET  
 FT. PIERCE FL 34981

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 **59-2951413**

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

**KINDEL, JOYCE E.**  
**953 OLD DIXIE HIGHWAY B-6**  
**VERO BEACH FL 32960**

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  
 NAME BLEKAS, GEORGE ☒ Delete  
 STREET ADDRESS 248 NW BENTLEY CIRCLE  
 CITY-ST-ZIP PORT ST. LUCIE FL

TITLE P  
 NAME CAMACHO, PETER ☒ Change ☐ Addition  
 STREET ADDRESS 13501 OKEECHOBEE RD.  
 CITY-ST-ZIP FORT PIERCE, FL 34945

TITLE VP  
 NAME LOUKA, LOUKIS ☐ Delete  
 STREET ADDRESS 2722 SE RAWLINGS ROAD  
 CITY-ST-ZIP PORT SAINT LUCIE FL 34952

TITLE S  
 NAME DAGEENAKIS, JOHN ☐ Change ☒ Addition  
 STREET ADDRESS 4236 SW MALLARD CREEK TRAIL  
 CITY-ST-ZIP PALM CITY, FL 34990

TITLE VP  
 NAME CAMACHO, PETER ☒ Delete  
 STREET ADDRESS 13501 OKEECHOBEE RD.  
 CITY-ST-ZIP FORT PIERCE FL 34945

TITLE D  
 NAME BLEKAS, GEORGE ☒ Change ☐ Addition  
 STREET ADDRESS 248 NW BENTLEY CIRCLE  
 CITY-ST-ZIP PORT ST. LUCIE, FL 34986

TITLE T  
 NAME GATSOS, STEPHEN ☐ Delete  
 STREET ADDRESS 9500 S. OCEAN DRIVE 605  
 CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE D  
 NAME PAPPAS, ART ☐ Change ☒ Addition  
 STREET ADDRESS 1851 S.E. CAMDEN STREET  
 CITY-ST-ZIP PORT ST. LUCIE, FL 34952

TITLE T  
 NAME GATSOS, STEPHEN ☒ Delete  
 STREET ADDRESS 9500 S A1A 605  
 CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  
 NAME CAVOORIS, GEORGE ☐ Delete  
 STREET ADDRESS 785 SE WHITMORE DR.  
 CITY-ST-ZIP PORT SAINT LUCIE FL 34984

TITLE  
 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: *Stephen L. Gatsos* **STEPHEN L. GATSOS** 3/6/01 561-229-2664  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)