

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90012 011 \*\*\*\*61.25

**DOCUMENT # 761620**

1. Entity Name

**MENS CLUB OF ST. NICHOLAS CHURCH, INC.**

Principal Place of Business

**2525 SOUTH 25TH STREET  
 FT. PIERCE FL 34961**

Mailing Address

**2525 SOUTH 25TH STREET  
 FT. PIERCE FL 34961**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BLEKAS, GEORGE</b> <b>248 NW BENTLEY CIRCLE</b> <b>PORT SAINT LUCIE FL 34986</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>LOUKA, LOUKIS</b> <b>2722 SE RAWLINGS ROAD</b> <b>PORT SAINT LUCIE FL 34952</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CAMACHO, PETER</b> <b>13501 OKEECHOBEE RD.</b> <b>FORT PIERCE FL 34945</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GATSOS, STEPHEN</b> <b>9500 S. OCEAN DRIVE 605</b> <b>JENSEN BEACH FL 34957</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DAGEENAKIS, JOHN</b> <b>4276 SW MALLARD CREEK TRAIL</b> <b>PALM CITY FL 34990</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CAVOORIS, GEORGE</b> <b>785 SE WHITMORE DR.</b> <b>PORT SAINT LUCIE FL 34984</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>George Blekas</b> <b>248 N.W. Bentley Circle</b> <b>Port Saint Lucie FL 34986</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Loukis Louka</b> <b>2722 SE Rawlings Road</b> <b>Port Saint Lucie FL 34952</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Peter Camacho</b> <b>13501 Okeechobee Rd.</b> <b>Fort Pierce FL 34945</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Stephen Gatsos</b> <b>9500 S. Ocean Drive 605</b> <b>Jensen Beach FL 34957</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Bill Vouou</b> <b>6813 S.E. Warwick Lane</b> <b>Stuart FL 34997</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>George CAVOORIS</b> <b>785 SE Whitmore DR.</b> <b>Port Saint Lucie FL 34984</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*SIGNATURE REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/7/02**

Date

**861-871-0126**

Daytime Phone #

CR2E037 (9/01)