

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 763032

1. Entity Name

KEFFALONIA AND ITHAKI SOCIETY OF KEFFALOS OF
FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6958 301 AVE. N.

3. Mailing Address

6958 301 AVE. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

33761

Country

USA

Zip

33761

Country

USA

4. FEI Number

59-2961203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name SOTIRIOS AGELATOS

Street Address (P.O. Box Number is Not Acceptable)

109 BAYVIEW BLVD STE A

City

OLDSMAR

FL

Zip Code

34677

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IN THIS SPACE**

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

FEE IS \$61.25

Initial or Amended UBR

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

NAME

STREET ADDRESS

CITY-ST-ZIP

DP

JOHN EVANGELATOS

6958 301 AVE. N.

CLEARWATER, FL 33761

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD

GEORGE AERRATOS

145 CORONA AVE.

CLEARWATER, FL 33767

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD

ANGELO NIFORATOS

141 DEVON DR.

CLEARWATER, FL 33767

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

ANDREAS NIFORATOS

409 DAVID CT.

PALM HARBOR, FL 34684

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP D

KATERINA MARKATOS

5630 IVY LN

HOLIDAY, FL 34690

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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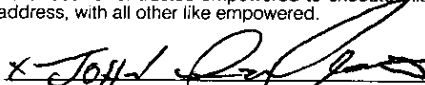
STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  JOHN EVANGELATOS x 4-30-202.

FILED

02 MAY 14 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E037B (12/01)