

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763680

1. Entity Name

PELOPONNISOS ASSOCIATION, INC.

Principal Place of Business

414 S. 57TH WAY
HOLLYWOOD FL 33023
US

Mailing Address

414 S. 57TH WAY
HOLLYWOOD FL 33023-1475
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANASTASIOU, VAN E.
7 S.E. 13TH STREET
FT. LAUDERDALE FL 33316

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 BAROGIANNIS, M.
STREET ADDRESS 414 S. 57TH WAY
CITY-ST-ZIP HOLLYWOOD FL 33023

TITLE VPD ☒ Delete
NAME RIGOPOULOS, C
STREET ADDRESS 360 S.W. 16 STREET
CITY-ST-ZIP BOCA RATON FL 33432

TITLE D ☒ Delete
NAME LAMBIRIS, JOANNA
STREET ADDRESS 2401 N.E. 17 TERRACE
CITY-ST-ZIP WILTON MANORS FL 33305

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE RIGOPOULOS KATHY PD ☒ Change ☐ Addition
NAME
STREET ADDRESS 360 S.W. 16th St.
CITY-ST-ZIP BOCA RATON FL 33432

TITLE LAMBIRIS J. VPD ☒ Change ☐ Addition
NAME
STREET ADDRESS 2401 N.E. 17 TR.
CITY-ST-ZIP WILTON MANORS FL 33305

TITLE MARCHELOS MARTHA D ☒ Change ☐ Addition
NAME
STREET ADDRESS 2609 N.E. 27 WAY
CITY-ST-ZIP FT LAUD FL 33306

TITLE ☐ Change ☐ Addition
NAME
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: [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90164 004 ****61.25

000441



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

C:\P2\037 (9/99)