

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765049

1. Entity Name

AMERICAN FRIENDS OF THE GREEK ORTHODOX PATRIARCH

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90036 023 \*\*\*\*61.25

Principal Place of Business

255 ALHAMBRA CIRCLE  
~~1425~~  
CORAL GABLES FL 33134  
US

Mailing Address

255 ALHAMBRA CIRCLE  
~~1425~~  
CORAL GABLES FL 33134-7400  
US

2. Principal Place of Business

255 Alhambra Circle

3. Mailing Address

255 Alhambra Circle

Suite, Apt. #, etc.

Suite 520

Suite, Apt. #, etc.

Suite 520

City & State

Coral Gables FL

City & State

Coral Gables FL

Zip

Country

33134 USA

Zip

Country

33134 USA

6. Name and Address of Current Registered Agent

YANAKASIS, BASIL S.  
255 ALHAMBRA CIRCLE  
SUITE ~~520~~ 520  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Basil S. Yanakakis  
Street Address (P.O. Box Number is Not Acceptable) 255 Alhambra Circle Suite 520  
City Coral Gables FL Zip Code 33134

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	CHERETIS, JOHN	
STREET ADDRESS	337 71 ST.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	YANAKAKIS, BASIL S	
STREET ADDRESS	255 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARALAMBIDES, JOHN	
STREET ADDRESS	3135 SW 3RD AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROUSSAKIS, EMMANUEL	
STREET ADDRESS	15845 S.W. 87TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	REV. KALAVRITINOS, SOTIRIS	
STREET ADDRESS	94 GRAND VIEW AVE.	
CITY-ST-ZIP	QUINCY MA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EFTHIMIOU, GUS JR.	
STREET ADDRESS	255 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	255 Alhambra Circle # 520
CITY-ST-ZIP	Coral Gables FL 33134
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	255 Alhambra Circle # 520
CITY-ST-ZIP	Coral Gables FL 33134

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: *Basil S. Yanakakis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2000

Daytime Phone #

CR2E037 (9/99)