

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765411

1. Entity Name

THE ST. JOHN GREEK ORTHODOX DAY SCHOOL FOUNDATIO

Principal Place of Business

2418 SWANN AVE  
TAMPA FL 33609

Mailing Address

2418 SWANN AVE  
TAMPA FL 33609-4712

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 271828

Suite, Apt. #, etc.

City & State

Tampa, Fl.

Zip

33688

Country

Hillsborough

4. FEI Number

59-1170684

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required -

6. Name and Address of Current Registered Agent

MILONAS, TASSO MICHAEL  
3003 LAWN AVENUE  
TAMPA FL 33611

7. Name and Address of New Registered Agent

Name

Chris M. Kavouklis

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

1000 N. Ashley Dr.

Suite 604

City

Tampa

FL

Zip Code

33602

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 Chris M. KAVOUKLIS, ESQ.

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SALEM, RICHARD 84 ADALIA TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALFONSO, LINDA 1 BAHAMA CR TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LARKIN, JAMES 4614 S. FERDINAND AVE. TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROYD, LINDA 3203 TAMBAY AVE TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Andy Paloumpis 637 Ontario Ave. Tampa Fl. 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Cynthia Xenick 614 Downs Ave. Temple Terrace, Fl. 33617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD James Larkin 4614 S. Ferdinand Ave. Tampa, Fl. 33611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD Linda Broyd 3203 Tambay Ave. Tampa, Fl.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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:

Cynthia Xenick

8-1-00

813-673-4646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

765411

629106

*St. John Greek Orthodox Day School*

*We Have a New Mailing Address!*



Please note:

All correspondence should be mailed to the Post Office Box  
address indicated below.

Mail will no longer be delivered to 2418 Swann Ave, Tampa, FL 33606.

Effective: 08/01/99



St. John Greek Orthodox Day School

P.O. Box 271828

Tampa, FL 33688-1828

Phone: 813-876-4569 / Fax: 813-877-4923