

2001 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

P.O. BOX 271828
TAMPA FL 33688

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

59-1170684

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

KAVOUKLIS, CHRIS M
1000 N. ASHLEY DR
TAMPA FL 33602

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	PD PALOUMPIS, ANDY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	637 ONTARIO AVE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE NAME	VD XENICK, CYNTHIA	<input type="checkbox"/> Delete
STREET ADDRESS	614 DOWNS AVE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE NAME	STD LARKIN, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	4614 S. FERDINAND AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE NAME	RD BROYD, LINDA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3203 TAMBAY AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE NAME	TD LARKIN, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	4614 S. FERDINAND AVE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE NAME	MIKE XENICK	<input type="checkbox"/> Delete
STREET ADDRESS	3918 W. GRANADA ST.	
CITY-ST-ZIP	TAMPA, FL 33629	

TITLE NAME	DR. DEMETRIOS HALKIAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	10413 BUTIA PLACE	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE NAME	DR. GINA ALMERICO MAYNARD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2722 W. TERRACE DRIVE	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE NAME	CYNTHIA SUAREZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4910 ANDROS DRIVE	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE NAME	PAULINE MCGOVERN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2107 MARIANNA ST.	
CITY-ST-ZIP	TAMPA, FL 33612	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 #

4-9-01 813-876-8830

FILED

Apr 13, 2001 8:00 am

Secretary of State

04-13-2001 90045 048 ****61.25

00035602



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)