

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767361

1. Entity Name

ORDER OF AHEPA WEST PASCO CHAPTER 489, INC.

Principal Place of Business

5621 LORENZEN ROAD
PORT RICHEY FL 34668

Mailing Address

5621 LORENZEN ROAD
PORT RICHEY FL 34668

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ORPHANIDES, GUST G
4554 MITCHER RD
NEW PT RICHEY FL 34652-3171

7. Name and Address of New Registered Agent

Name

GEORGE PANAGOS

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

889 BELTED KING FISHER DR. SOUTH

City

PALM HARBOR

FL

Zip Code

34683

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PARIS, GEIRGE
7030 WHITETHORN COURT
PORT RICHEY FL 34668 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
PANAGOS, GEORGE
889 BELTED KING FISHER DR.
PALM HARBOR FL 34683 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BRILIS, MICHAEL N
11425 FOX RUN
PORT RICHEY FL 34668 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
PASAYAN, ANDREW
1103 SOUTH PINELLAS AVE
TARPOON SPRINGS FL 34689 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
CROUSSOULODIS, GREGORY
7 ELGIN PLACE #601
DUNEDIN FL 34698 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ 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:

SIGNATURE REQUIRED

George Panagos 3-28-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90001 018 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)