

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767361

Entity Name

ORDER OF AHEPA WEST PASCO CHAPTER 489, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90076 007 ****61.25

Principal Place of Business

21 LORENZEN ROAD
PORT RICHEY FL 34668

Mailing Address

5621 LORENZEN ROAD
PORT RICHEY FL 34668



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

53-0121275

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PANAGOS, GEORGE
889 BELTED KING FISHER DR SOUTH
PALM HARBOR FL 34683

Name

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

City

FL

Zip Code

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	<input type="checkbox"/> Delete
NAME	PARIS, GEORGE	
STREET ADDRESS	7030 WHITETHORN COURT	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PANAGOS, GEORGE	
STREET ADDRESS	889 BELTED KING FISHER DR.	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRILIS, MICHAEL N	
STREET ADDRESS	11425 FOX RUN	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PASAYAN, ANDREW	
STREET ADDRESS	1103 SOUTH PINELLAS AVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CROUSSOULOUDIS, GREGORY	
STREET ADDRESS	7 ELGIN PLACE #601	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> Delete
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
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

George Panagos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-05-02 727-532-9060

Date

Daytime Phone #

CR2E037 (9/01)