

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90020 013 ****61.25

DOCUMENT # 769457

1. Entity Name

CHIOS SOCIETY AGIA MARKELLA OF FLORIDA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 0074
 TARPON SPRINGS FL 34688-0074

P.O. BOX 0074
 TARPON SPRINGS FL 34688-0074

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

NOT APPLICABLE

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

EURIPIDES TSAPRAZIS
644 ISLAND WY #608
CLEARWATER FL 33767

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	PD	<input type="checkbox"/> Delete
NAME	GEORGILIS, JOHN	
STREET ADDRESS	633 N. MAYO	
CITY-ST-ZIP	CRYSTAL BEACH FL 34681	
TITLE	V	<input type="checkbox"/> Delete
NAME	HAYES, BETTY	
STREET ADDRESS	3707 CANTRELL ST	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	T	<input type="checkbox"/> Delete
NAME	TSAPRAZIS, HELEN	
STREET ADDRESS	644 ISLAND WAY #608	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BATIDES, THERESA	
STREET ADDRESS	1372 OVERLEA DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KOUMANIS, DESPINA	
STREET ADDRESS	210 BAY ARBOR BLVD	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	C	<input type="checkbox"/> Delete
NAME	TSAPRAZIS, EURIPIDES	
STREET ADDRESS	644 ISLAND WAY #608	
CITY-ST-ZIP	CLEARWATER FL 33767	

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		

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
S. Helen Tsaprazis 2-3-02 (727) 446-4451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)