

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J66772

1. Entity Name
ALEX FAMILY RESTAURANT, INC.

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90005 011 ***150.00

Principal Place of Business
305 CORONADO DR
CLEARWATER BEACH FL 33767
US

Mailing Address
1996 BONNIE COURT
DUNEDIN FL 34697
US

C0033840



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2804194

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

ALOIZKIS, OURANIA.
305 CORONADO DR.
CLEARWATER BEACH FL 34630

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 *Ourania Aloizakis* DATE 3.1.01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GALIATSATOS, ALEX	
STREET ADDRESS	121 DEVON DR.	
CITY-ST-ZIP	CLEARWATER BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ALOIZAKIS, OURANIA.	
STREET ADDRESS	1996 BONNIE COURT	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALOIZAKIS, ANTHONY	
STREET ADDRESS	1996 BONNIE COURT	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GALIATSATOS, STAMO	
STREET ADDRESS	121 DEVON LANE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alex Galatsatos* **ALEX GALIATSATOS, PRES.** (727) 447-4560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)