## **2002 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

## May 08, 2002 8:00 am Secretary of State **DOCUMENT # N02072** 1. Entity Name 05-08-2002 90118 045 \*\*\*\*61.25 GREEK ORTHODOX CHURCH OF ST. DEMETRIOS, INC. Principal Place of Business Mailing Address 129 NORTH HALIFAX AVENUE 129 NORTH HALIFAX AVENUE DAYTONA BEACH FL 32118-4250 DAYTONA BEACH FL 32118-4250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 209 AZY Street Address (P.O. Box Number is Not Acceptable) FUNDOUKOS, THEODORE E 1001 FAULKNER ST **NEW SMYRNA BCH FL 32168** 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 Make Check Pavable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/01) 09 Delete TITLE ۷D NAME NAME 2899A9 329032 STRATIS, TOM STREET ADDRESS STREET ADDRESS 39 NEPTONE AVENUE 1326 SHANGRI LA DRIVE CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32119 Delete TITLE TITLE 79 TICA BEAROS THE CIRCLE NAME NAME FUNDOUKOS, THEODORE E STREET ADDRESS STREET ADDRESS 1001/ FAULKNER ST CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH PL <u>NEW SMYRNA BCH FL 32168</u> Delete TITLE TITLE MARSELO-PSOMAS NAME NAME CONSTANT. SAM= -DAYTONA BEACH, FL 3217( STREET ADDRESS STREET ADDRESS 2204-B S PENINSULA AVE CITY-ST-ZIP CITY-ST-7IP DAYTONA BEACH FL 32118 Delete Addition Change TITI F TITLE NAME NAME 5331/12 KIRINIVES politis, Michael ORMOND BEACH, FL STREET ADDRESS STREET ADDRESS 2235 JOHN ANDERSON DR CITY-ST-7IP CITY-ST-ZIP ORMOND BCH FL 32176 Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITI F NAME NAME STREET ADDRESS 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

**FILED**