2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State
08-01-2001 90010 031 ****70.00

DOCUMENT # N06595

1. Entity Name

HELLENIC CULTURAL CENTER OF FLORIDA, INC.

Principal Place of Business	Mailing Address
123 EAST ORANGE STREET TARPON SPRINGS FL 34689	123 EAST ORANGE STREET TARPON SPRINGS FL 34689

11655

DO NOT WRITE IN THIS SPACE

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 59-2617611 ☐ 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
VERGOS, ATHANASIOS 7926 SLATE CR NEW PORT RICHEY FL 34654	Name: PETROS KOYTSOPANAGOS Street Address (P.O. Box Number is Not Acceptable): 3600 EAST EISENHAUER City: HOLIDAY FL Zip Code: 34691

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 X _____
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
After September 12, 2001, min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ATHANASIOS, VERGOS 7926 SLATE CIR NEW PORT RICHEY FL 34654	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PETROS KOYTSOPANAGOS 3600 EAST EISENHAUER HOLIDAY, FL. 34691	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD VETA, SUBER 1153 LANDAU ST. HOLIDAY FL 34690	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DIMITRI KOLIORADAKIS 715 E. LIME Street TARPON SPRINGS	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TSILIKIS, EVA 243 KATHERINE BLVD APT 521 PALM HARBOR FL 34684	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SP FOTINI VASILAKOY 2049 N. POINTE ALEXIS DR. TARPON SPRINGS FL. 34689	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ATHANASOULIS, NONDAS 5540 FESTIVO DR HOLIDAY FL 34690	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ATHANASOULIS NONDAS 5540 FESTIVO DR. HOLIDAY, FL. 34690	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/01)

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 7/20/2001 (727) 8083541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #