

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06595

1. Entity Name

HELLENIC CULTURAL CENTER OF FLORIDA, INC.

(PROMETHEAS)

Principal Place of Business

123 EAST ORANGE STREET  
TARPON SPRINGS FL 34689

Mailing Address

123 EAST ORANGE STREET  
TARPON SPRINGS FL 34689

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

KOYTSOPANAGOS, PETROS  
3600 EAST EISENHOWER  
HOLIDAY FL 34691

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 checked="" type="checkbox"/> Delete |
| NAME           | KOYTSOPANAGOS, PETROS   |                                            |
| STREET ADDRESS | 3600 EAST EISENHOWER    |                                            |
| CITY-ST-ZIP    | HOLIDAY FL 34691        |                                            |
| TITLE          | VPD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | KOLIORADAKIS, DIMITRI   |                                            |
| STREET ADDRESS | 715 E LIME STREET       |                                            |
| CITY-ST-ZIP    | TARPON SPRINGS FL 34689 |                                            |
| TITLE          | SD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | VASILAKOY, POLITIMI     |                                            |
| STREET ADDRESS | 2049 N POINTE ALEXIS DR |                                            |
| CITY-ST-ZIP    | TARPON SPRINGS FL 34689 |                                            |
| TITLE          | T                       | <input checked="" type="checkbox"/> Delete |
| NAME           | NONDAS, ATHANASOYLIS    |                                            |
| STREET ADDRESS | 5540 FESTIVO DR         |                                            |
| CITY-ST-ZIP    | HOLIDAY FL 34690        |                                            |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |                                            |
| STREET ADDRESS |                         |                                            |
| CITY-ST-ZIP    |                         |                                            |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |                                            |
| STREET ADDRESS |                         |                                            |
| CITY-ST-ZIP    |                         |                                            |

|                |                          |                                                                              |
|----------------|--------------------------|------------------------------------------------------------------------------|
| TITLE          | PETROS KOYTSOPANAGOS     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 3600 E. EISENHOWER DR.   |                                                                              |
| STREET ADDRESS | HOLIDAY, FL. 34691       |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |
| TITLE          | VPD Tom ZERVOS           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 1730 US HWY 19           |                                                                              |
| STREET ADDRESS | HOLIDAY, FL. 34690       |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |
| TITLE          | SD PETROS SPANOS         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 801 ANCHORS WAY          |                                                                              |
| STREET ADDRESS | TARPON SPRINGS, FL 34684 |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |
| TITLE          | T. DAMASKINI VROTSOS     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 4934 GUARDIAN AVE.       |                                                                              |
| STREET ADDRESS | HOLIDAY, FL. 34690       |                                                                              |
| 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            |
| 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED  
Apr 01, 2002 8:00 am  
Secretary of State

04-01-2002 90622 039 \*\*\*\*70.00

80055861



DO NOT WRITE IN THIS SPACE

0055232

CR2E037 (9/01)