

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N26627**

1. Entity Name

MESSENIANS OF WEST-CENTRAL FLORIDA, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90015 025 ****61.25

Principal Place of Business PO BOX 4151 CLEARWATER FL 34618 US	Mailing Address P.O. BOX 4151 CLEARWATER FL 33758-4151 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 39-6098518	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PANAGIOTOPOULOS, COSTAS 1527 TANGERINE ST. CLEARWATER 34618-33756	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME: PANAGIOTOPOULOS, COSTAS STREET ADDRESS: 1527 TANGERINE ST. CITY-ST-ZIP: CLEARWATER FL	<input type="checkbox"/> Delete	TITLE: VP NAME: MIHALOPOULOS, GLORIA STREET ADDRESS: 2579 COUNTRYSIDE BLVD #302 CITY-ST-ZIP: CLEARWATER, FL - 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: NEZIS, ANDREAS STREET ADDRESS: 1854 EMORY DR. CITY-ST-ZIP: CLEARWATER FL	<input type="checkbox"/> Delete	D NAME: KAKLAMANOS, CONNIE STREET ADDRESS: 2725 ASHWOOD CT CITY-ST-ZIP: CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: FINGAS, POPI STREET ADDRESS: 2890 REGENCY CT CITY-ST-ZIP: CLEARWATER FL	<input type="checkbox"/> Delete	P NAME: KAKLAMANOS, JAMES STREET ADDRESS: 2725 ASHWOOD CT CITY-ST-ZIP: CLEARWATER FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME: PRINOS, MARY STREET ADDRESS: 851 BAYWAY BLVD YACHTHOUSE 801 CITY-ST-ZIP: CLEARWATER FL	<input type="checkbox"/> Delete	D NAME: PANOS STEVE STREET ADDRESS: 3746 LAMAR CT CITY-ST-ZIP: PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME: MARKOU, ESTHER STREET ADDRESS: 2286 MINNEOLA RD CITY-ST-ZIP: CLEARWATER FL	<input type="checkbox"/> Delete		

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: *Costas Panagiotopoulos* **2-4-00** **813-744-6640**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)