

# 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

Mailing Address

PO BOX 4151  
 CLEARWATER FL 34618  
 US

P.O. BOX 4151  
 CLEARWATER FL 33758-4151  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

39-6098518

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PANAGIOTOPOULOS, COSTAS  
 1527 TANGERINE ST.  
 CLEARWATER 34618-33756

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

T  Delete  
 NAME PANAGIOTOPOULOS, COSTAS  
 STREET ADDRESS 1527 TANGERINE ST.  
 CITY-ST-ZIP CLEARWATER FL

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

D  Delete  
 NAME NEZIS, ANDREAS  
 STREET ADDRESS 1854 EMORY DR.  
 CITY-ST-ZIP CLEARWATER FL

VP  Change  Addition  
 NAME MIHALOPOULOS, GLORIA  
 STREET ADDRESS 2579 COUNTRYSIDE BLVD #302  
 CITY-ST-ZIP CLEARWATER, FL - 33761

D  Delete  
 NAME FINGAS, POPI  
 STREET ADDRESS 2890 REGENCY CT  
 CITY-ST-ZIP CLEARWATER FL

Change  Addition  
 TITLE  
 NAME D KAKLAMANOS, CONNIE  
 STREET ADDRESS 2725 ASHWOOD CT  
 CITY-ST-ZIP CLEARWATER, FL 33761

P  Delete  
 NAME KAKLAMANOS, JAMES  
 STREET ADDRESS 2725 ASHWOOD CT  
 CITY-ST-ZIP CLEARWATER FL

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

S  Delete  
 NAME PRINOS, MARY  
 STREET ADDRESS 851 BAYWAY BLVD YACHTHOUSE 801  
 CITY-ST-ZIP CLEARWATER FL

Change  Addition  
 TITLE D  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

P  Delete  
 NAME MARKOU, ESTHER  
 STREET ADDRESS 2286 MINNEOLA RD  
 CITY-ST-ZIP CLEARWATER FL

Change  Addition  
 TITLE D  
 NAME PANOS STEVE  
 STREET ADDRESS 3746 LAMAR CT  
 CITY-ST-ZIP PALM HARBOR, FL 34684

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-00 813-744-6640

Date

Daytime Phone #

CR2E037 (9/99)