

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90208 016 ****61.25

DOCUMENT # N38612

1. Entity Name

HELLENIC AMERICAN SOCIAL CLUB OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

**14200 ROYAL HARBOUR CT
UNIT #502
FORT MYERS FL 33908**

Mailing Address

**14200 ROYAL HARBOUR CT
UNIT #502
FORT MYERS FL 33908**

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 **65-0192047**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AVTGES, JAMES P
14200 ROYAL HARBOUR CT
#5
FORT MYERS FL 33908**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	AVTGES, KITTY	
STREET ADDRESS	14200 ROYAL HARBOUR CT #502	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOUKOS, NICHOLAS	
STREET ADDRESS	5217 SW 19TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CONSTAN, ANGELO	
STREET ADDRESS	1433 SW 23RD TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHUNEMANN, MEL	
STREET ADDRESS	660 BRIGANTINE	
CITY-ST-ZIP	N FORT MYERS FL 33917	
TITLE	T	<input type="checkbox"/> Delete
NAME	AVTGES, JAMES	
STREET ADDRESS	14200 ROYAL HARBOUR CT. #502	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	COUKOS, CALIOPE	
STREET ADDRESS	1354 MEDINAH DR	
CITY-ST-ZIP	FORT MYERS FL 33919	

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: James P. Avges, Treas. 2/5/03 437-3028

CR2E037 (10/02)