

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90087 036 ****70.00

DOCUMENT # N45392

1. Entity Name

GREEK-AMERICAN COMMUNITY OF FLORIDA, INC.

Principal Place of Business

Mailing Address

27873 U.S. 19 N.
 CLEARWATER FL 33761

27873 U.S. 19 N.
 CLEARWATER FL 33761

2. Principal Place of Business

- 109 BAYVIEW BLVD.

3. Mailing Address

A-109 BAYVIEW BLVD.

Suite, Apt. #, etc.

OLDSMAR

Suite, Apt. #, etc.

OLDSMAR

City & State

FL

City & State

FL

Zip

34677

Country

US

Zip

34677

Country

US

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

AGELATOS, SOTIRIOS
 27873 U.S. 19 N.
 CLEARWATER FL 33761

Name

Street Address (P.O. Box Number is Not Acceptable)

109 BAYVIEW BLVD; Ste A

City OLDSMAR

FL

Zip Code 34677

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 AGELATOS, SOTIRIOS

[Handwritten Signature]

4/26/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEES \$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 type="checkbox"/> Delete
NAME	BAXIVANAKIS, PANAGIOTIS A	
STREET ADDRESS	751 DODECANESE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAROS, SOCRATES	
STREET ADDRESS	1961 PINEHURST RD.	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARKOULAKIS, PANTELIS	
STREET ADDRESS	3437 DEVONSHIRE RD.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GIANAKAKIS, PETE	
STREET ADDRESS	709 PARKLAND AVE	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input type="checkbox"/> Delete
NAME	AGELATOS, SOTIRIOS	
STREET ADDRESS	27873 US 19 N	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>D ANGELO ANGELO</u>	
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
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: AGELATOS, SOTIRIOS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00 (727) 725-3900

CR2E037 (9/99)