

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90110 001 ***122.50

DOCUMENT # N48864

1. Entity Name

AMERICAN FOUNDATION OF GREEK LANGUAGE AND CULTUR

Principal Place of Business

Mailing Address

1202 PARRILLA DE AVILA
TAMPA FL 33613-5219
US

1202 PARRILLA DE AVILA
TAMPA FL 33613-5219
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3305557

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

TSOKOS, CHRIS P.
1202 PARRILLA DE AVILA
TAMPA FL 33613

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

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

PD
TSOKOS, CHRIS P.
1202 PARRILLA DE AVILA
TAMPA FL 33613

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

VD
BALIS, JOHN
2627 CLARK ROAD
TAMPA FL 33618

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TD
HALKIAS, DEMETRIOS
VA AND MEDICAL COLLEGE, USF
TAMPA FL 33620

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☒ Delete

S
KOTTIS, MARY
2450 GULF BLVD.
BELLAIR BEACH FL 33786

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☒ Delete

D
ANTON, JOHN
PHILOSOPHY DRPT., USF
TAMPA FL 33620

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

D
KLIS, TAKIS
1600 S. MCDILL AVE., #202
TAMPA FL 33629

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☒ Change

☐ Addition

D
PRINIOTAKI, FOTINI
3738 MISSION COURT
LARGO FL 33771

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:

CHRISTOPHER P. TSOKOS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00 (813) 961-1992
Date Daytime Phone #

CR2E037 (9/99)