

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90114 023 ****61.25

DOCUMENT # N48864

1. Entity Name

AMERICAN FOUNDATION OF GREEK LANGUAGE AND CULTUR

Principal Place of Business

**1202 PARRILLA DE AVILA
TAMPA FL 33613-5219
US**

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number

59-3305557

Applied For

Not Applicable

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

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

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

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **TSOKOS, CHRIS P.**
CITY-ST-ZIP **1202 PARRILLA DE AVILA
TAMPA FL 33613**

TITLE ☐ Change ☒ Addition
NAME **SD**
STREET ADDRESS **JOHN G. HATSIOS**
CITY-ST-ZIP **1410 AMESBURY COURT
NEW PORT RICHEY FL 34665**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **BALIS, JOHN**
CITY-ST-ZIP **2627 CLARK ROAD
TAMPA FL 33618**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **IPPOKRATIS KANTZIOS**
CITY-ST-ZIP **342 FERN CLIFF AVE.
TEMPLE TERRACE, FL 33617**

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **HALKIAS, DEMETRIOS**
CITY-ST-ZIP **VA AND MEDICAL COLLEGE, USF
TAMPA FL 33620**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **NICHOLAS MAROULIS**
CITY-ST-ZIP **1501 GULF BLVD #207
CLEARWATER, FL 33767**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PRINIOTAKI, POTINI**
CITY-ST-ZIP **3738 MISSION COURT
LARGO FL 33771**

TITLE ☒ Change ☐ Addition
NAME **TD**
STREET ADDRESS **HALKIAS, DEMETRIOS**
CITY-ST-ZIP **10413 BUTIA PLACE
TAMPA FL 33618**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **KLIS, TAKIS**
CITY-ST-ZIP **1600 S. MCDILL AVE., #202
TAMPA FL 33629**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

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

FEB 24 2001 (727) 372-9346
Date Daytime Phone #

CR2E037 (10/00)