

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

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

07-14-2003 90163 017 ****61.25

DOCUMENT # N48864

1. Entity Name

AMERICAN FOUNDATION OF GREEK LANGUAGE AND CULTURE, INC.



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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

9. 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
After September 10, 2003, min will be \$236.25**

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

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | TSOKOS, CHRIS P. | |
| STREET ADDRESS | 1202 PARRILLA DE AVILA | |
| CITY-ST-ZIP | TAMPA FL 33613 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | BALIS, JOHN | |
| STREET ADDRESS | 2627 CLARK ROAD | |
| CITY-ST-ZIP | TAMPA FL 33618 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | HALKIAS, DEMETRIOS | |
| STREET ADDRESS | 10413 BUTIA PLACE | |
| CITY-ST-ZIP | TAMPA FL 33618 | |
| TITLE | IC | <input type="checkbox"/> Delete |
| NAME | MAROUIS, NICHOLAS J | |
| STREET ADDRESS | 1501 GULF BLVD #207 | |
| CITY-ST-ZIP | CLEARWATER FL 33767 | |
| TITLE | AA | <input type="checkbox"/> Delete |
| NAME | IPPOKRATIS, KANTZIOS | |
| STREET ADDRESS | 342 FERN CRIPE AVE | |
| CITY-ST-ZIP | TAMPA FL 33617 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | HATSIOS, JOHN G | |
| STREET ADDRESS | 1410 AMESBURY COURT | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34655 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| 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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| 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:

SIGNATURE REQUIRED DEMETRIOS HALKIAS

CR2E037 (4/03)