

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

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90062 021 ****61.25

DOCUMENT # N93000001489

1. Entity Name
PANAHAIKOS SOCIETY OF TAMPA BAY, AGIA-LAVRA INC.



Principal Place of Business
409 OLD COACHMAN ROAD
CLEARWATER FL 33765

Mailing Address
PO BOX 5364
CLEARWATER FL 33758

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3225436

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

KAKLAMANOS, JAMES
2275 ASHWOOD COURT
CLEARWATER FL 33761

Name **JOANNA DEMAS**

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

3386 Hunt Club Dr.

City **Clearwater**

FL

Zip Code **33761**

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

JOANNA DEMAS

(NOTE: Registered Agent signature required when reinstating)

3/26/03

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	PD	<input checked="" type="checkbox"/> Delete
NAME	KAKAAMANOS, JAMES	
STREET ADDRESS	2725 ASHWOOD CT	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROUSAKIS, VASILIKI	
STREET ADDRESS	2449 OLD COACH TRAIL	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	T	<input type="checkbox"/> Delete
NAME	DEMOS, BESSIE N	
STREET ADDRESS	2350 HATIAN DR., #42	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	DEMOS, JOANNA	
STREET ADDRESS	3386 HUNT CLUB DR.	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRES/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOANNA DEMAS	
STREET ADDRESS	3386 Hunt Club Dr.	
CITY-ST-ZIP	Clearwater FL 33761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER POULOS	
STREET ADDRESS	400 Island Way #142	
CITY-ST-ZIP	Clearwater FL 33767	
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: *[Signature]* **SIGNATURE REQUIRED** **JOANNA DEMAS**

3/26/03 **786-4929**

CR2E037 (10/02)