

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002803

1. Entity Name

ORDER OF AHEPA SUPPORT ASSOCIATION, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90046 026 ****61.25

Principal Place of Business

Mailing Address

2555 ENTERPRISE ROAD
SUITE 10
CLEARWATER FL 34623
US

2555 ENTERPRISE ROAD
SUITE 10
CLEARWATER FL 34623
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3264989

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

TSAGARIS, JOHN S
2555 ENTERPRISE ROAD
SUITE 10
CLEARWATER FL 34623

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 P ☒ Delete
NAME COKKINAIS, MARIE
STREET ADDRESS 2377 HOUNDS TRL
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE P ☐ Change ☒ Addition
NAME KARAVOKIRDS, BARBARA
STREET ADDRESS 10235 130TH WAY N.
CITY-ST-ZIP LARGO, FL 34644

TITLE TD ☒ Delete
NAME PAPADAKIS, THOMAS
STREET ADDRESS 1955 SADDLE HILL ROAD S.
CITY-ST-ZIP DUNEDIN FL 34678

TITLE TD ☐ Change ☒ Addition
NAME ALEXANDER, ALEXANDER
STREET ADDRESS 14333 86TH AVE N.
CITY-ST-ZIP SEMINOLE, FL 33776-1933

TITLE PD ☐ Delete
NAME PANTELIDES, GUS
STREET ADDRESS 757 HARBOR ISLAND
CITY-ST-ZIP CLEARWATER FL 33767

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

TITLE VPD ☐ Delete
NAME MARKODULOS, SAM
STREET ADDRESS 2748 CHALLENGER DRIVE
CITY-ST-ZIP PALM HARBOR FL 34683

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

TITLE SD ☒ Delete
NAME MAVRES, JAMES
STREET ADDRESS 103 N. COMET AVE
CITY-ST-ZIP CLEARWATER FL 33765

TITLE SD ☐ Change ☒ Addition
NAME PERRY PARAPON
STREET ADDRESS 9214 82ND WAY NORTH
CITY-ST-ZIP SEMINOLE, FL 33777

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]

CR2E037 (10/00)