

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002803

1. Entity Name

ORDER OF AHEPA SUPPORT ASSOCIATION, INC.

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90041 041 ****61.25

Principal Place of Business

2555 ENTERPRISE ROAD
SUITE 10
CLEARWATER FL 34623
US

Mailing Address

2555 ENTERPRISE ROAD
SUITE 10
CLEARWATER FL 34623
US

2. Principal Place of Business

1162 JASPER ST NW

3. Mailing Address

Suite, Apt. #, etc.

City & State

LARGO, FL

City & State

Zip 33770
33763

Country US

Zip 33763

Country

4. FEI Number

59-3264989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TSAGARIS, JOHN S
2555 ENTERPRISE ROAD
SUITE 10
CLEARWATER FL 34623 33763

7. Name and Address of New Registered Agent

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

TITLE P
NAME KARAVOKIROS, BARBARA
STREET ADDRESS 10235 130TH WAY NORTH
CITY-ST-ZIP LARGO FL 34644 ☐ Delete

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

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

TITLE TD
NAME ALEXANDER, ALEXANDER
STREET ADDRESS 14333 86TH AVENUE NORTH
CITY-ST-ZIP SEMINOLE FL 33776-1933 ☐ Delete

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

TITLE SD
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE SD
NAME STEVE J. TSAGARIS
STREET ADDRESS 14548 110TH TERRACE N
CITY-ST-ZIP LARGO, FL 33774 ☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)