

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

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90155 046 \*\*\*\*61.25

**DOCUMENT # N94000002803**

1. Entity Name

**ORDER OF AHEPA SUPPORT ASSOCIATION, INC.**



Principal Place of Business

**1162 JASPER ST NW  
LARGO FL 33770  
US**

Mailing Address

**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

Zip

Country

Zip

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

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. 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**

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

TITLE **PD** ☐ Change ☒ Addition  
NAME **CHRISTINE ALEXANDER**  
STREET ADDRESS **14333 86TH AVE NORTH**  
CITY-ST-ZIP **SEMINOLE, FL 33776-1933**

TITLE **PD** ☒ Delete  
NAME **MARKODULOS, SAM**  
STREET ADDRESS **2748 CHALLENGER DRIVE**  
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **VPD** ☐ Change ☒ Addition  
NAME **JAMES MAVRES**  
STREET ADDRESS **103 N. COMET AVE.**  
CITY-ST-ZIP **CLEARWATER, FL 33756**

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

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

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

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

TITLE **SD** ☐ Delete  
NAME **TSAGARIS, STEVE J**  
STREET ADDRESS **14548 110TH TERRACE**  
CITY-ST-ZIP **LARGO FL 33774**

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]* **CHRISTINE ALEXANDER ALEXANDER** **1/13/03** **727-1791-1040**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)