

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State
 02-10-2000 90051 012 ****70.00

DOCUMENT # N94000004679

1. Entity Name

UNITED HELENIC VOTERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8825 S.R. 52
 HUDSON FL 34667

8825 S.R. 52
 HUDSON FL 34667

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ANGELOS, SOTIRIOS~~
~~27873 US 19 N~~
~~CLEARWATER FL 33761~~

Gus Tsilionis
 8825 S.R. 52
 HUDSON FL 34667

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 ☐ Delete
 NAME PD
 STREET ADDRESS TSILIONIS, GUS
 CITY-ST-ZIP 8825 S.R. 52
 HUDSON FL

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

TITLE ☐ Delete
 NAME VPD
 STREET ADDRESS HATZIS, GEORGE
 CITY-ST-ZIP 7330 NEVA LN
 PORT RICHEY FL

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

TITLE ☐ Delete
 NAME T
 STREET ADDRESS KANTARAKIS, NICK
 CITY-ST-ZIP 4125 PINFIELD AVE
 HOLIDAY FL

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS ANGELATOS, SOTIRIOS
 CITY-ST-ZIP 27873 US 19 N
 CLEARWATER FL

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

TITLE ☐ Delete
 NAME S
 STREET ADDRESS ANGELATOS, ANGELOS
 CITY-ST-ZIP 27873 US 19 N
 CLEARWATER FL

TITLE ☐ Change ☐ Addition
 NAME ATMANASIOS KOTSOGLOU
 STREET ADDRESS 5574 PILLAR AVE
 CITY-ST-ZIP SPRING HILL FL 34608

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MARKOULAKIS, PETER
 CITY-ST-ZIP 3407 DEVONSHIRE RD
 HOLIDAY FL

TITLE ☐ Change ☐ Addition
 NAME CHRISTOS SPIRIDES
 STREET ADDRESS 116 NORMANDY CIRCLE WEST
 CITY-ST-ZIP PALM HARBOR FL 34683

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:

GUS TSILIONIS
 2-5-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)