

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90033 040 *****70.00

DOCUMENT # N94000004679

1. Entity Name

UNITED HELENIC VOTERS ASSOCIATION, INC.

Principal Place of Business

8825 S.R. 52
HUDSON FL 34667

Mailing Address

8825 S.R. 52
HUDSON FL 34667

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TSILIONIS, G
8825 J.R. 52
HUDSON FL 34667

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	PD	<input type="checkbox"/> Delete
NAME	TSILIONIS, GUS	
STREET ADDRESS	8825 S.R. 52	
CITY-ST-ZIP	HUDSON FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HATZIS, GEORGE	
STREET ADDRESS	7330 NEVA LN	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	KANTARAKIS, NICK	
STREET ADDRESS	4125 PINFIELD AVE	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANGELATOS, SOTIRIOS	
STREET ADDRESS	27873 US 19 N	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ANGELATOS, ANGELOS	
STREET ADDRESS	27873 US 19 N	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARKOULAKIS, PETER	
STREET ADDRESS	3437 DEVONSHIRE RD	
CITY-ST-ZIP	HOLIDAY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRILIS, MICHAEL N.	
STREET ADDRESS	11425 FOX RUN	
CITY-ST-ZIP	PORT RICHEY, FLORIDA 34668	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOUZOS, GEORGE	
STREET ADDRESS	7608 CAMELOT RD.	
CITY-ST-ZIP	PORT RICHEY, FL 34668	

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

2-23-01

Date

863-9200

Daytime Phone #

CR2E037 (10/00)