2002 UNIFORM BUSINESS REPORT (UBR) FILED Jun 02, 2002 8:00 am DOCUMENT # **N94000004679** Secretary of State 1. Entity Name UNITED HELENIC VOTERS ASSOCIATION, INC. 06-02-2002 90909 005 ****75.02 Principal Place of Business Mailing Address 8825 S.R. 52 8825 S.R. 52 **HUDSON FL 34667** HUDSON FL 34667 UHVA 2. Principal Place of Business 3.=Malling Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE HUBSON City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3466 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TSÍLIONIS, G 8825 J.R. 52 **HUDSON FL 34667** City 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be PILE NOW: FEE IS \$61.25 \Box Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:10 11. ☐ Delete TITLE TŚINONIS, GUS NAME 8825 S.R. 52 STREET ADDRESS HUDSON FL CITY-ST-ZIP

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Ghange Addition TIŢLE ÑAME STREET ADDRESS CITY-ST-ZIP 6. RARIS 8825 91 N. 52 HVDSON FL 74667 VPD TITLE ☐ Delete TITLE HATZIS, GEÖRGE NAME NAME STREET ADDRESS 7330 NEVA LN STREET ADDRESS CITY-ST-7iP PORT RICHEY FL CITY-ST-ZIP TRANTURUKIS NICK Change Addition 4125 PINFLED VV. HOLDAY TITLE ☐ Delete TITLE KANTARAKIS, NICI NAME NAME 4125 PINFIELD AND STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLDAY FL CITY-ST-ZIP ☐ Delete TITLE angelatos, sotirios NAME STREET ADDRESS 27873 US 19 N STREET ADDRESS GREALWATER CITY-ST-ZIP CLEARWATER FL CITY-ST-ZIE TITLE ☐ Delete TITLE CHARLESSA BRILIS, MICHAEL N NAME NAME -STREET ADDRESS STREET ADDRESS 11425 FOX RUN CITY-ST-ZIP PORT RICHEY FL 34668 CITY-ST-ZIP

12. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE: PSIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

TITLE

STREET ADDRESS

CITY-ST-ZIP

BOUZOS, GEORGE

7608 CAMELOT ROAD

PORT RICHEY FL 34668

5- 5- 062 Date 862.9300