

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

FILED
Aug 13, 2003 8:00 am
Secretary of State

08-13-2003 90074 004 ****66.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**TSILIONIS, G
8825 J.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. 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
After September 10, 2003, min will be \$236.25**

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	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	PARIS, G	
STREET ADDRESS	8825 ST. R. 52	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE		<input type="checkbox"/> Delete
NAME	KANTARAKIS, NICK	
STREET ADDRESS	8825 PINFLED	
CITY-ST-ZIP	HOLDAY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANGELATOS, SOTIRIOS	
STREET ADDRESS	27873 US 19 N	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOKOS, D.J	
STREET ADDRESS	5329 CHARLES ST	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOUZOS, GEORGE	
STREET ADDRESS	11465 FOR RIVER P. R	
CITY-ST-ZIP	PORT RICHEY FL 34668	

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSILIONIS, GUS	
STREET ADDRESS	8825 S.R. 52	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARIS, G	
STREET ADDRESS	11419 STONY BROOK P.R.	
CITY-ST-ZIP	34668	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANTARAKIS, NICK	
STREET ADDRESS	8201 PINFLED	
CITY-ST-ZIP	HOLADAY FL.	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGELATOS, SOTIRIOS	
STREET ADDRESS	27873 US 19 N.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOKOS, D.J	
STREET ADDRESS	5329 CHARLES ST / P.R.	
CITY-ST-ZIP	FL 34668	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOM KOUTSOGLOU	
STREET ADDRESS	8825 S.R. 52	
CITY-ST-ZIP	HUDSON FL 34667	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-03

Date Printing Phone #

CR2E037 (4/03)