

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90035 039 \*\*\*\*61.25

**DOCUMENT # N95000002308**

1. Entity Name

**MYTILENE ASSOCIATION OF FLORIDA "SAINT RAPHAEL",  
INC.**

Principal Place of Business

Mailing Address

**3890 LAKE SHORE DR  
PALM HARBOR, FL 34684**

**350 FOREST PARK RD  
OLDSMAR FL 34677  
US**

**80091161**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3315457**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MARKOYLAKIS, IRENE  
3544 LANDALE DRIVE  
HOLIDAY FL 34691**

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 **DPS** ☐ Delete  
NAME **SARANTOS, PETE**  
STREET ADDRESS **350 FOREST PARK RD**  
CITY-ST-ZIP **OLDSMAR FL 34677**

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

TITLE **TD** ☐ Delete  
NAME **MARKOLAKIS, PETER**  
STREET ADDRESS **3437 DENONSHIRE**  
CITY-ST-ZIP **HOLIDAY FL 34691**

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

TITLE **D** ☐ Delete  
NAME **MARROYLAKIS, IRENE**  
STREET ADDRESS **3437 DEROMSHIRE**  
CITY-ST-ZIP **HOLIDAY FL 34691**

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

TITLE **P** ☐ Delete  
NAME **MARKOLAKIS, IRENE**  
STREET ADDRESS **3544 LANDALE DRIVE**  
CITY-ST-ZIP **HOLIDAY FL 34691**

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

TITLE **AT** ☐ Delete  
NAME **TSIKOURAS, DEMETRA**  
STREET ADDRESS **423 GARDEN AVENUE**  
CITY-ST-ZIP **TARPOON SPRINGS FL 34689**

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

TITLE **S** ☐ Delete  
NAME **XYFTIS, DEMETRA**  
STREET ADDRESS **1311 MERES BLVD**  
CITY-ST-ZIP **TARPOON SPRINGS FL 34689**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)