

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004815

1. Entity Name

ST. DEMETRIOS GREEK ORTHODOX SPECIAL EVENTS OF B

Principal Place of Business

815 NORTHEAST 15TH AVENUE  
FORT LAUDERDALE FL 33304

Mailing Address

815 NORTHEAST 15TH AVENUE  
FORT LAUDERDALE FL 33304-4402

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HOGAN, VINCENT  
815 NE 15TH AVE  
FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name: Victor Demetriou  
Street Address (P.O. Box Number is Not Acceptable):  
3004 Willow Lane  
3141 N 39th St  
City: Hollywood FL Zip Code: 33021

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

Victor Demetriou - President

[Signature]

4-28-00

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	TD	<input type="checkbox"/> Delete
NAME	MAIORANA, ANTONIO	
STREET ADDRESS	3321 N 34TH ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HOGAN, VINCENT	
STREET ADDRESS	199 E RIVERBEND DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DEMETRIOU, VICTOR	
STREET ADDRESS	3004 WILLOW LANE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KIRIFIDES, LAZARUS	
STREET ADDRESS	2001 N 40TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICTOR DEMETRIOU	
STREET ADDRESS	3141 N 39th St.	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRY TANGALAKIS	
STREET ADDRESS	5571 BAYVIEW DR.	
CITY-ST-ZIP	FT LAUDERDALE, FL 33308	
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS MATSON	
STREET ADDRESS	308 NE 46th St.	
CITY-ST-ZIP	FT LAUDERDALE, FL	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Victor Demetriou - President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

467-1515

FILED  
May 30, 2000 8:00 am  
Secretary of State

05-30-2000 90043 045 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1235704 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E037 (9/99)