2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
04-30-2002 90078 046 ****61.25

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DOCUMENT # N96000000184

1. Entity Name

LACONIAN SOCIETY OF WEST FLORIDA, INC.

Principal Place of Business	Mailing Address
667 SNUG ISLAND CLEARWATER FL 34630	667 SNUG ISLAND CLEARWATER FL 34630

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1700 DREW ST.	1700 DREW ST.
Suite, Apt. #, etc. #5	Suite, Apt. #, etc. #5
City & State CLEARWATER FL.	City & State CLEARWATER FL.
Zip 33755 Country PINELLAS	Zip 33755 Country PINELLAS

4. FEI Number 59-3354600 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TSAFATINOS, TERRY
667 SNUG ISLAND
CLEARWATER FL 34630

7. Name and Address of New Registered Agent

Name KOKKINAKOS LOUIE

Street Address (P.O. Box Number is Not Acceptable)

13255 88th PLACE No.

City SEMINOLE FL Zip Code 33772

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] 4/15/02

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOUIE KOKKINAKOS 13255 88th PLACE NO SEMINOLE, FL, 33772	☐ Delete	PD LOUIE KOKKINAKOS 13255 88th Place NO. SEMINOLE, FL. 33772	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LAMBRIANAKOS, VASILIOS 5027 MUELLERS LANE SAFETY HARBOR FL 34695	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TSETSEKAS, JOHN 400 ISLAND WAY #1604 CLEARWATER FL 34630	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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 4/15/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #