

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90365 025 \*\*\*\*61.25

**DOCUMENT # N96000002459**

1. Entity Name

**BROTHERHOOD OF EPIROTES OF FLORIDA "THE SOULI",**

Principal Place of Business

Mailing Address

**2140 SUNNYDALE BOULEVARD  
 CLEARWATER FL 34625**

**2140 SUNNYDALE BOULEVARD  
 CLEARWATER FL 33765-1209**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3375468**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAVLIDES, CHRIS  
 2140 SUNNYDALE BOULEVARD  
 CLEARWATER FL 34625**

Name **ZISIMOS ZARVALAS**

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

**1857 GLENVILLE DRIVE**

City **CLEARWATER**

**FL**

Zip Code **33765**

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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PAVLIDES, CHRIS</b>	
STREET ADDRESS	<b>2140-H SUNNYDALE BLVD.</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34625 33765</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>TSIMAS, NICK</b>	
STREET ADDRESS	<b>7830 2ND. AVE S</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33707</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>ZARVALAS, ZISIMOS</b>	
STREET ADDRESS	<b>1857 GLENVILLE DR</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34625 33765</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Zisimos A. Zarvalas* **ZISIMOS ZARVALAS** PRESIDENT  
 DATE: **4-21-2000**  
 Daytime Phone #: **(727) 799-4588**

CR2E037 (9/99)