

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-02-2001 90301 047 ****61.25

DOCUMENT # N96000002459

1. Entity Name
BROTHERHOOD OF EPIROTES OF FLORIDA "THE SOUL",

Principal Place of Business Mailing Address

**2140 SUNNYDALE BOULEVARD
CLEARWATER FL 34625** **2140 SUNNYDALE BOULEVARD
CLEARWATER FL 34625**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3375468** Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ZARVALAS, ZISIMOS
1857 GLENVILLE DRIVE
CLEARWATER FL 33785**

7. Name and Address of New Registered Agent

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: *Zisimos Zarvalas, Pres.* 3-28-01
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	PD	<input type="checkbox"/> Delete
NAME	PAVLIDES, CHRIS	
STREET ADDRESS	2140-H SUNNYDALE BLVD.	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TSIMAS, NICK	
STREET ADDRESS	7830 2ND AVE S	
CITY-ST-ZIP	ST PETERSBURG FL 33707	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZARVALAS, ZISIMOS	
STREET ADDRESS	1857 GLENVILLE DR	
CITY-ST-ZIP	CLEARWATER FL 33765	
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZARVALAS, ZISIMOS PD	
STREET ADDRESS	1857 GLENVILLE DR.	
CITY-ST-ZIP	CLEARWATER, FL. 33765	
TITLE	TSIMAS Nick VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSIMAS Nick VD	
STREET ADDRESS	7830 2nd Ave. S.	
CITY-ST-ZIP	ST. PETERSBURG, FL; 33707	
TITLE	SD PAVLIDES, CHRIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAVLIDES, CHRIS	
STREET ADDRESS	2140-H SUNNYDALE BLVD. SD	
CITY-ST-ZIP	CLEARWATER, FL. 33765	
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		

CR2E037 (10/00)

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: *Zisimos Zarvalas* Pres. 3-28-01 (727)799-4588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #