

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90135 003 \*\*\*\*61.25

**DOCUMENT # N97000004675**

1. Entity Name

**PETER & ANDREW LAMBOS FOUNDATION, INC.**



Principal Place of Business

**16101 NINE EAGLES DRIVE  
ODESSA FL 33556**

Mailing Address

~~20 E. TARPON AVE.~~  
**TARPON SPRINGS FL 34689**

**90013798**

2. Principal Place of Business

3. Mailing Address

**27 E. ORANGE ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TARPON SPRINGS, FL**

4. FEI Number **59-3477654**

Applied For

Not Applicable

Zip

Country

**34689**

Country

**USA**

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

**KLIMIS, GEORGE N**

~~23 E. TARPON AVE.~~  
**TARPON SPRINGS FL 34689**

Name **George N. Klimis, P.A.**

Street Address (P.O. Box Number is Not Accepted)  
**27 E. ORANGE ST.**

City **TARPON SPRINGS FL** Zip Code **34689**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete  
NAME **LAMBOS, THEODORA**  
STREET ADDRESS **16101 CRAIGEND PLACE**  
CITY-ST-ZIP **ODESSA FL 33566**

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

TITLE **DV** ☐ Delete  
NAME **LAMBOS, WILLIAM A**  
STREET ADDRESS **13992 W. HILLSBOROUGH AVE.**  
CITY-ST-ZIP **TAMPA FL 33635**

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

TITLE **DS** ☒ Delete  
NAME **O'BRIEN LAMBOS, BARBARA**  
STREET ADDRESS **16407 BIRKDALE DR.**  
CITY-ST-ZIP **ODESSA FL 33556**

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

TITLE **DT** ☐ Delete  
NAME **LAMBOS, CAROL N**  
STREET ADDRESS **29 BROADWAY**  
CITY-ST-ZIP **NEW YORK NY 10006**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*William A Lambos*

**1/23/03**

**813-371-6307**

CR2E037 (10/02)