

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90213 046 ****61.25

DOCUMENT # N97000005052

1. Entity Name

AGIOS PANTELEIMON, INC., KALYMNIAN SOCIETY

Principal Place of Business

Mailing Address

42 MORGAN STREET
 TARPON SPRINGS FL 34689

42 MORGAN STREET
 TARPON SPRINGS FL 34689

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3471463

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

SADORF, RICK W
2623 MCCORMICK DRIVE
SUITE 105
CLEARWATER FL 33759

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

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 '00

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	ALAHOUZOS, CHRISTOSTOMOS	
STREET ADDRESS	1028 HAMILTON	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	KLIMIS, JIM	
STREET ADDRESS	1313 BELCHER DR.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	POULLAS, MARIA	
STREET ADDRESS	909 PENINSULA DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	SAROUKOS, MARGARET	
STREET ADDRESS	1288 HILLSIDE DR.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	STILIANOS, IRENE	
STREET ADDRESS	314 BATH ST.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KALIKANTZAROS, IRENE	
STREET ADDRESS	3136 PINON DR.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIA PANTELIS	
STREET ADDRESS	1298 HILL SIDE DR.	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICK SAZALIS	
STREET ADDRESS	1502 CROMWELL DR	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LITSA IKONDMOU	
STREET ADDRESS	500 HOPE ST	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TONY HATZILERIS	
STREET ADDRESS	132 ATHENS ST	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE KOUSKOUTIS	
STREET ADDRESS	719 HIDDEN LAKE DR.	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	

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: Maria Pantelis **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 934-3661