

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005161

1. Entity Name

HELLENIC CULTURAL ASSOCIATION OF THE TAMPA BAY A

Principal Place of Business

3908 W SAN MIGUEL ST.
TAMPA FL 33629

Mailing Address

3908 W SAN MIGUEL ST.
TAMPA FL 33629

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 59-3593916

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARAS, GUS
3908 W SAN MIGUEL ST.
TAMPA FL 33629

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.

(NO CHANGE)
SIGNATURE *Gus Paras* GUS PARAS

JULY 16, 2001

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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 CPD
NAME KONSTANTOPOULOS, GEORGE REV. ☐ Delete
STREET ADDRESS P.O. BOX 271828
CITY-ST-ZIP TAMPA FL 33688

TITLE SD
NAME PARAS, MARINA ☐ Delete
STREET ADDRESS 3908 W SAN MIGUEL ST.
CITY-ST-ZIP TAMPA FL 33629

TITLE TD
NAME PARAS, GUS ☐ Delete
STREET ADDRESS 3908 W SAN MIGUEL ST.
CITY-ST-ZIP TAMPA FL 33629

TITLE VP
NAME BOBATAS, GEORGE ☐ Delete
STREET ADDRESS 1245 N. FLORIDA AVE
CITY-ST-ZIP TARPON SPRINGS FL 33689

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CPD
NAME KOSTARIS, KONSTANTINOS REV ☐ Change ☐ Addition
STREET ADDRESS P.O. BOX 271828
CITY-ST-ZIP TAMPA, FL. 33688

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

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

TITLE ☐ Change ☐ Addition
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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: *Gus Paras* GUS PARAS

JULY 16, 2001 813-234-6180

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CR2E037 (5/01)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90023 044 ****61.25



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