

2000 UNIFORM BUSINESS REPORT (UBR)

5/8/

FILED

Jun 16, 2000 8:00 am
Secretary of State

05-08-2000 90087 010 ****70.00

DOCUMENT # N99000007013

1. Entity Name

CEPHALONIAN SOCIETY O KEFALOS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

109 BAYVIEW BLVD., STE. A
OLDSMAR FL 34677

109 BAYVIEW BLVD., STE. A
OLDSMAR FL 34677

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

Applied For

Not Applicable

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

ANGELATOS, SOTIRIOS
109 BAYVIEW BLVD., STE. A
OLDSMAR FL 34677

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 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	AGELATOS, SOTIRIOS	
STREET ADDRESS	109 BAYVIEW BLVD., STE. A	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EVANGELATOS, JOHN	
STREET ADDRESS	6958 301 AVE. N.	
CITY-ST-ZIP	CLEARWATER FL 33871	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GALIATSATOS, ALEXANDROS	
STREET ADDRESS	2141 ANDREWS CT.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ANGELATOS, ANGELOS	
STREET ADDRESS	109 BAYVIEW BLVD., STE. A	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), 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 817, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/98)