

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000007013**

1. Entity Name

CEPHALONIAN SOCIETY O KEFALOS OF FLORIDA, INC.**FILED**
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90131 014 ****70.00

00000008

Principal Place of Business

**109 BAYVIEW BLVD., STE. A
OLDSMAR FL 34677**

Mailing Address

**109 BAYVIEW BLVD., STE. A
OLDSMAR FL 34677****544367**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	EVANGELATOS, JOHN	
STREET ADDRESS	6958 301 AVE. N.	
CITY-ST-ZIP	CLEARWATER FL 33671	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	GALIATSATOS, ALEXANDROS	
STREET ADDRESS	2141 ANDREWS CT.	
CITY-ST-ZIP	DUNEDIN FL 34698	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)