FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058929

1. Entity Name

ACROPOL FAMILI RESTAURANTS INC

FILED

07 MAR 23 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02-12-07 90100 001 $150.00

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1170 STARKEY ROAD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LARGO FL	City & State
Zip: 33771 Country: USA	Zip Country

4. FEI Number: 59-3519823 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JOHN C. GARDNER

Street Address (P.O. Box Number is Not Acceptable): 611 DRUID ROAD Suite 510

City: CLEARWATER FL Zip Code: 33756

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required where indicated.)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	D STAVRAKOS PETER 1790 BARN OWL WAY PALM HARBOR FL 34683	TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAVRAKOS STELLA 1790 BARN OWL WAY PALM HARBOR FL 34683	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STAVRAKOS JIMMY P. 1790 BARN OWL WAY PALM HARBOR FL 34683	TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE**
TITLE NAME STREET ADDRESS CITY ST-ZIP	STAVRAKOS GARY G 1790 BARN OWL WAY PALM HARBOR FL 34683	TITLE NAME STREET ADDRESS CITY-ST-ZIP	**IN THIS SPACE**
TITLE NAME STREET ADDRESS CITY ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all blanks duly filled.

SIGNATURE: Peter Stavrakos 3- 20 07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #