

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000107512**

1. Entity Name

ODESSEY RESTAURANT AND TAVERN, INC.

Principal Place of Business

Mailing Address

**508 W. ATHENS STREET
TARPON SPRINGS FL 34689****508 W. ATHENS STREET
TARPON SPRINGS FL 34689**

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

59-3552828

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

~~**NEILAND, MARIANA
2197 PINNACLE CIRCLE S
PALM HARBOR FL 34684**~~

Name

Emmanuel Balassos

Street Address (P.O. Box Number is Not Acceptable)

508 Athens St.

City

Tarpon Springs**FL**

Zip Code

34689

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

4/17/029. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PT				OWNER		
	NEILAND, MARIANA				Emmanuel Balassos		
	2197 PINNACLE CIRCLE S.				508 Athens St.		
	PALM HARBOR FL 34684				Tarpon Springs FL 34689		
					co. owner		
					Maria Balassos		
					508 Athens St.		
					Tarpon Springs FL 34689		

13. 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 11 or Block 12 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

EMMANUEL BALASSOS**3/12/02****(727) 934-8803**

Date

Daytime Phone #

CR2E034 (10/00)