2000 UNIFORM BUSINESS REPORT (UBR)

2/5/00

FILED
Apr 17, 2000 8:00 am
Secretary of State
02-05-2000 90015 013 ***150.00

DOCUMENT # P99000085420

1. Entity Name
KALAMATA OF JACKSONVILLE, INC.

Principal Place of Business
9471 BAYMEADOWS RD. SUITE 308
JACKSONVILLE FL 32256

Mailing Address
9471 BAYMEADOWS RD. SUITE 308
JACKSONVILLE FL 32256-7936

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 3877 Baymeadows Rd.
Suite, Apt. #, etc.
City & State: Jacksonville, FL
Zip: 32217 Country: America

3. Mailing Address: 3877 Baymeadows Rd
Suite, Apt. #, etc.
City & State: Jacksonville, FL
Zip: 32217 Country: America

4. FEI Number: 59-3599887 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
PLEIMAN, THOMAS C JR
9471 BAYMEADOWS RD, SUITE 308
JACKSONVILLE FL 32256

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.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. 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, 2000 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

TITLE	Owner	☐ Delete
NAME	Nicholas Dimitrakopoulos	
STREET ADDRESS	3877 Baymeadows Rd.	
CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 REQUIRED NICHOLAS DIMITRAKOPOULOS 2/1/2000 (904) 731-2
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #