

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V04003

1. Entity Name
ODYSSEY HOTEL BETA, INC.

Principal Place of Business
C/O WILLIAM E. ROBERTSON, JR.
P.O. BOX 3798
SARASTOTA FL 34230

Mailing Address
C/O WILLIAM E. ROBERTSON, JR.
P.O. BOX 3798
SARASTOTA FL 34230

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 56-0310077

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

KOUMBIS, BASIL
~~455 NORTH U.S. 41 BY PASS~~ 449 BAYSHORE DRIVE
~~VENICE FL 34292~~ VENICE, FL 34285

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P
NAME KOUMBIS, BASIL
STREET ADDRESS 449 BAYSHORE
CITY-ST-ZIP VENICE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME KIRKOS, CHRIS
STREET ADDRESS 6815 NORTH KENTON
CITY-ST-ZIP LINCOLNWOOD IL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME VRANAS, WILLIAM
STREET ADDRESS 3923 GLORIA COURT
CITY-ST-ZIP GLENVILLE IL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME GEROULIS, NICK
STREET ADDRESS 7325 NORTH BELL
CITY-ST-ZIP CHICAGO IL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME YANNIMARAS, DEMETRIOS
STREET ADDRESS 6902 S. KNOXVILLE
CITY-ST-ZIP TULSA OK

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME KOUMBIS, GEORGE
STREET ADDRESS 6552 N. TROY
CITY-ST-ZIP CHICAGO IL

TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90147 005 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)