

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

08-16-2001 90006 008 ***550.00

DOCUMENT # V04003

1. Entity Name

ODYSSEY HOTEL BETA, INC.

Principal Place of Business

C/O WILLIAM E. ROBERTSON, JR.
P.O. BOX 3798
SARASOTA FL 34230

Mailing Address

C/O WILLIAM E. ROBERTSON, JR.
P.O. BOX 3798
SARASOTA FL 34230

2. Principal Place of Business

5311 OCEAN BLVD

3. Mailing Address

5311 OCEAN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SARASOTA FL

SARASOTA FL

City & State

City & State

4. FEI Number **56-0310077**

Applied For

Not Applicable

Zip

Country

Zip

Country

34242

SARASOTA

34242

SARASOTA

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

KOUMBI, BASIL
449 BAYSHORE DRIVE
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 \$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 **P** ☐ Delete
NAME **KOUMBI, BASIL**
STREET ADDRESS **449 BAYSHORE**
CITY-ST-ZIP **VENICE FL**

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

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

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

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

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

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

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

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

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

TITLE **D** ☐ Delete
NAME **KOUMBI, GEORGE**
STREET ADDRESS **6552 N. TROY**
CITY-ST-ZIP **CHICAGO IL**

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/30/01 941-349-3211

CR2E034 (10/00)