

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90085 037 \*\*\*150.00

0526389  
AV

**DOCUMENT # V04003**

1. Entity Name

**ODYSSEY HOTEL BETA, INC.**

Principal Place of Business

Mailing Address

**5311 OCEAN BLVD  
SARASOTA FL 34242**

**5311 OCEAN BLVD  
SARASOTA FL 34242**

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**KOUMBIS, BASIL  
449 BAYSHORE DRIVE  
VENICE FL 34285**

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

*Basil Koumbis*

*3/29/02*

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, 2002 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 ☐ Delete

**P  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
KOUMBIS, BASIL  
449 BAYSHORE  
VENICE FL 34285**

TITLE ☐ Delete

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

TITLE ☐ Delete

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

TITLE ☐ Delete

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

TITLE ☐ Delete

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

TITLE ☐ Delete

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

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

**NAME  
STREET ADDRESS  
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:

*Basil Koumbis*  
**BASIL KOUMBIS**

*4-3-02 94743211*  
Date Daytime Phone #

CFR2E034 (9/01)