

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90240 012 \*\*\*150.00

**DOCUMENT # V04003**

1. Entity Name

**ODYSSEY HOTEL BETA, INC.**



Principal Place of Business

**5311 OCEAN BLVD  
SARASOTA FL 34242**

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOUMBIS, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete  
**P  
KOUMBIS, BASIL  
449 BAYSHORE  
VENICE FL 34285**

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

TITLE NAME ☐ Delete  
**S  
KIRKOS, CHRIS  
6815 NORTH KENTON  
LINCOLNWOOD IL**

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

TITLE NAME ☐ Delete  
**D  
VRANAS, WILLIAM  
3923 GLORIA COURT  
GLENVILLE IL**

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

TITLE NAME ☐ Delete  
**D  
GEROULIS, NICK  
7325 NORTH BELL  
CHICAGO IL**

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

TITLE NAME ☐ Delete  
**D  
YANNIMARAS, DEMETRIOS  
6902 S. KNOXVILLE  
TULSA OK**

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

TITLE NAME ☐ Delete  
**D  
KOUMBIS, GEORGE  
6552 N. TROY  
CHICAGO IL**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-27-03 944/344-3211**  
Date Daytime Phone #

CR2E034 (10/02)