

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708095

1. Entity Name

PI BETA PHI HOUSE CORP. INC. - FLA. BETA CHAPTER

Principal Place of Business

Mailing Address

519 WEST JEFFERSON
TALLAHASSEE FL 32301

519 WEST JEFFERSON
TALLAHASSEE FLA 32301-1611

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOD, JEANIE L
919 SHADOWLAWN DRIVE
TALLAHASSEE FL 32312

Name

Street Address (P.O. Box Number is Not Acceptable)

545 Frank Shaw Road

City

Tallahassee

FL

Zip Code

32312

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

Jeanie L Wood Jeanie L. Wood

1-13-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME CYNTHIA BULTON ☐ Delete
STREET ADDRESS 6076 HEARTLAND CIRCLE
CITY-ST-ZIP TALLAHASSEE FL 32312

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

TITLE VD
NAME DREW, JULIE L ☐ Delete
STREET ADDRESS 2523 PINE RIDGE RD.
CITY-ST-ZIP TALLAHASSEE FL 32308

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

TITLE TD
NAME WOOD, JEANIE L ☐ Delete
STREET ADDRESS 919 SHADOWLAWN DR
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 545 Frank Shaw Road
CITY-ST-ZIP Tallahassee FL 32312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 617, 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 REQUIRED

1-13-00

850.385.2382

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90071 027 ****61.25

904274



DO NOT WRITE IN THIS SPACE