

3/14/

**FILED****May 21, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90043 024 \*\*\*\*61.25

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 708095**

1. Entity Name

**PI BETA PHI HOUSE CORP. INC. - FLA. BETA CHAPTER**  
**#294**

Principal Place of Business

Mailing Address

**519 WEST JEFFERSON**  
**TALLAHASSEE FL 32301****545 FRANK SHAW RD**  
**TALLAHASSEE FL 32312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-6214591**

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

Name

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

City

**FL**

Zip Code

**WOOD, JEANIE L**  
**545 FRANK SHAW RD**  
**TALLAHASSEE FL 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

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

|                                                |                                                                       |                                            |
|------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>CYNTHIA BULTON<br>6076 HEARTLAND CIRCLE<br>TALLAHASSEE FL 32312 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>DREW, JULIE L<br>2523 PINE RIDGE RD.<br>TALLAHASSEE FL 32308    | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>WOOD, JEANIE L<br>545 FRANK SHAW RD<br>TALLAHASSEE FL 32312     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                                        |                                                                              |
|------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Collegiate Liaison D<br>Shelia Boggs<br>3900 Wood Green Way<br>Tallahassee FL 32308    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | House Director Liaison D<br>Missy Gunnel<br>6348 Mallard Trace<br>Tallahassee FL 32312 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Jodee Dorsey D<br>6096 Miller Landing Cove<br>Tallahassee FL 32312                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Beth Trotman D<br>1738 Armistead Place<br>Tallahassee FL 32312                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Jeanie Wood D<br>545 Frank Shaw Rd<br>Tallahassee FL 32312                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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 RECORDED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/20/02 8503852382**

Date

Daytime Phone #

CR2E037 (9/01)