

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713214

1. Entity Name

THE PI KAPPA ALPHA HOUSE FOUNDATION OF MELBOURNE

Principal Place of Business

2401 N.E. RIVERVIEW DRIVE
PALM BAY FL 32905
US

Mailing Address

145 COLONIAL CT.
SUITE A
INDIAN HARBOUR BEACH FL 32937-2634
US

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

59-1232120

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

DOYLE, BRENT
2055 EVA LANE
MALABAR FL 32950

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

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 ☐ Delete
NAME CHRISTY, CHARLIE
STREET ADDRESS 298 JARO ST.
CITY-ST-ZIP PALM BAY FL 32907

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

TITLE VPD ☐ Delete
NAME TEBBE, DENNIS
STREET ADDRESS 235 BONNIE CT.
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1012 Spanish Wells Dr.
CITY-ST-ZIP Melbourne, FL 32940

TITLE TD ☐ Delete
NAME STRAND, LOREN
STREET ADDRESS 145 E. COLONIAL CT., A
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32950

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

TITLE DS ☐ Delete
NAME DOYLE, BRENT S
STREET ADDRESS 2055 EVA LANE
CITY-ST-ZIP MALABAR FL 32950

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.

Brent Doyle

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 12, 2000 (321) 724-7837

Date

Daytime Phone #

CR2E037 (9/99)