

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90278 013 \*\*\*\*70.00

**DOCUMENT # 737813**

1. Entity Name

**PHI DELTA KAPPA FRATERNITY, FLORIDA ALPHA-LAMBDA**

Principal Place of Business

Mailing Address

8305 N. BLOSSOM AVE.  
 TAMPA FL 33684  
 US

P.O. BOX 46805  
 TAMPA FL 33647-0107  
 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

**59-6178275**

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

7. Name and Address of New Registered Agent

**DAVID, RIEKER**  
**2621 LAMPLIGHTER DR**  
**NEW PORT RICHEY FL 34665**

Name

**DAVID RIEKER**

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

**2621 LAMPLIGHTER DR**

City

**NEWPORT RICHEY FL FL**

Zip Code

**34665**

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

*[Handwritten 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, EDGAR C</b>	
STREET ADDRESS	<b>28423 GREAT BEND PL</b>	
CITY-ST-ZIP	<b>WESLEY CHAPEL FL 33543</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RIEKER, DAVID</b>	
STREET ADDRESS	<b>2621 LAMPLIGHTER DR</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34665</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SMURR, BRADLEY</b>	
STREET ADDRESS	<b>27741 SUMMER PL DR</b>	
CITY-ST-ZIP	<b>WESLEY CHAPEL FL 33543</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILLIAM E HIATT</b>	
STREET ADDRESS	<b>1305 BIG SKY DR</b>	
CITY-ST-ZIP	<b>WESLEY CHAPEL, FL 33543</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

*1/27/01*

Date

*727 375 9195*

Daytime Phone #

CR2E037 (10/00)

C 73614