## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 25, 2001 8:00 am Secretary of State DOCUMENT # 742272 1. Entity Name PHI DELTA KAPPA, FLORIDA NU CHAPTER, INC. 01-25-2001 90020 032 \*\*\*\*61.25 Principal Place of Business Mailing Address 19 WEST PINE TREE AVENUE 5059 CANAL 14 ROAD LAKE WORTH FL 33467 WEST PALM BEACH. FL. LAKE WORTH FL 33467 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 35-0580140 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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) CRESSMAN, JAMES E. 19 WEST PINE TREE AVENUE WEST PALM BEACH,FL City Zip Code FLORIDA GARDENS FL 33463 FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Pavable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be $\Box$ **Department of State** Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition STD Change ☐ Delete TITLE TITLE MCKAY, LOUIS E. NAME NAME STREET ADDRESS 8240 S. VIRGINIA AVE. STREET ADDRESS CITY-ST-ZIP LAKE PARK FL CITY-ST-ZIP VD ☐ Addition ☐ Delete TITLE ☐ Change TITLE WATTS, RICHARD NAME NAME 443 KIRK ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BCH. FL ☐ Change Addition TITLE ☐ Delete TITLE CRESSMAN, JAMES E NAME NAME STREET ADDRESS 19 W PINE TREE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FLORIDA GRDNS FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 truetee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**FILED** 

Date Daytime Phone #

ess, with all other like empowered.

changed, or on an attachment

SIGNATURE