

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 91116 031 ****61.25

DOCUMENT # 754179

1. Entity Name

MELBOURNE ALUMNAE PANHELLENIC, INC.

Principal Place of Business

**630 E. NEW HAVEN AVE.
 MELBOURNE FL 32902**

Mailing Address

**P.O. BOX 3342
 MELBOURNE FL 32902-3342**

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

23-7181881

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

**ANTHONY, ANN
 4330 DEERWOOD TRAIL
 INDIALANTIC FL 32903**

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 **TD** ☐ Delete
 NAME **TAYLOR, JANE**
 STREET ADDRESS **2478 LAKES OF MELBOURNE DR**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE **TD** ☒ Change ☐ Addition
 NAME **MCCLURE, CHARLOTTE W.**
 STREET ADDRESS **1636 SUN GAZER DR**
 CITY-ST-ZIP **VIERA, FL 32955**

TITLE **PD** ☐ Delete
 NAME **ANTHONY, ANN**
 STREET ADDRESS **4330 DEERWOOD TRAIL**
 CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE **PD** ☒ Change ☐ Addition
 NAME **MCCORMICK, JEAN M.**
 STREET ADDRESS **704 TURNBERRY DR.**
 CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **VD** ☐ Delete
 NAME **HEUSER, JAN**
 STREET ADDRESS **625 ANDRIX ST.**
 CITY-ST-ZIP **MERRITT ISLAND FL 32903**

TITLE **VD** ☒ Change ☐ Addition
 NAME **TUTTLE, KARLENE K**
 STREET ADDRESS **525 COCONUT DR.**
 CITY-ST-ZIP **INDIALANTIC, FL 32903**

TITLE **S** ☐ Delete
 NAME **MOORE, KIRSTEN**
 STREET ADDRESS **1500 GRAND CAYON DRIVE**
 CITY-ST-ZIP **MERRITT ISLAND FL 32955**

TITLE **S** ☒ Change ☐ Addition
 NAME **SCRAWFORD, KERRY M.**
 STREET ADDRESS **1356 BONAVENTURE DR**
 CITY-ST-ZIP **MELBOURNE, FL 32940**

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01 321-768-7910

Date Daytime Phone #

CR2E037 (10/00)