

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 27, 2001 8:00 am
Secretary of State

07-27-2001 90002 008 ****70.00

DOCUMENT # 770604

1. Entity Name

FLORIDA ALPHA ALUMNI OF SIGMA PHI EPSILON, INC.

Principal Place of Business

2627 NW 3RD AVE.
 P.O. BOX 12182, UNIVERSITY STATION
 GAINESVILLE FL 32604

Mailing Address

2627 NW 3RD AVE.
 P.O. BOX 12182, UNIVERSITY STATION
 GAINESVILLE FL 32604

ADU75000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6141908**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

HENDON, DAVID M.
2627 NW 35D AVE.
GAINESVILLE FL 32607

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

After September 12, 2001, min. will be \$236.25

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	<input type="checkbox"/> Delete
NAME	SPECIE, GARY	
STREET ADDRESS	PO BOX 57 N/A	
CITY-ST-ZIP	EARLTON FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARK DELEGAL	
STREET ADDRESS	1840 WAGON WHEEL CIR	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HENDON, DAVID M.	
STREET ADDRESS	2627 N.W. 3RD AVE.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARNER, MARK	
STREET ADDRESS	3580 SW 63RD LANE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OGILVIE, BRETT	
STREET ADDRESS	313 CARISBROOKE ST	
CITY-ST-ZIP	OCOE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD PD	<input checked="" 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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT LYLE	
STREET ADDRESS	2921 GANDY BLVD	
CITY-ST-ZIP	TAMPA FL 33611	

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: *DAVID M. HENDON* 7-10-01 352-372-2937

CR2E037 (5/01)