

**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

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 **59-6141908**

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

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

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

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

ADU75000



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)