

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90231 050 ****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 33580 SW 63rd Lane
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Gainesville, FL	4. FEI Number 59-6141908	Applied For <input type="checkbox"/> Not Applicable
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Zip 32608-5250	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
~~HENDON, DAVID M.
 2627 NW 35D AVE.
 GAINESVILLE FL 32607~~

7. Name and Address of New Registered Agent
 Name -- **Mark Warner**
 Street Address (P.O. Box Number is Not Acceptable)
33580 SW 63rd Lane
 City **Gainesville FL** Zip Code **32608**

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 *Mark F Warner* **Mark F Warner** DATE **4/27/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPECIE, GARY PO BOX 57 N/A EARLTON FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARK DELEGAL 1840 WAGON WHEEL CIR TALLAHASSEE FL 32311 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HENDON, DAVID M. 2627 N.W. 3RD AVE. GAINESVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARNER, MARK 3580 SW 63RD LANE GAINESVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OGILVIE, BRETT 313 CARISBROOKE ST OCOOEE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LYLE, ROBERT T 2921 GANDY BLVD. TAMPA FL 33611 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3506 NW 31st Street Gainesville, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D 4859 Highgrove Road Tallahassee, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD 32608-5250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VD AJ Siccardi 580 Brantley Terrace Way #308 Altamonte Springs, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D

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: *Mark F Warner* **Mark F Warner** DATE **4/27/02** DAYTIME PHONE # **(352) 335-1151**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (9/01)