

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

02-10-2002 90029 011 ****61.25

DOCUMENT # N01000004123

1. Entity Name

EPSILON SIGMA PHI, INC.

Principal Place of Business

Mailing Address

PO BOX 357340
 GAINESVILLE FL 32635-7340

PO BOX 357340
 GAINESVILLE FL 32635-7340

17870

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-6044675

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOK, LINDA D
2621 NW 29TH PLACE
GAINESVILLE FL 32605

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 re-registering)

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: **PO** Delete
 NAME: **LINDQUIST, JIM**
 STREET ADDRESS: **1515 COLLEGE AVE**
 CITY-ST-ZIP: **MANHATTAN KS 66502-2796**

TITLE: **D PRESIDENT** Change Addition
 NAME: **FAY B. STRICKLER**
 STREET ADDRESS: **PO Box 520/11238 County Welfare Rd**
 CITY-ST-ZIP: **Leesport, PA 19533**

TITLE: **VD** Delete
 NAME: **MCGEE, BONNIE D**
 STREET ADDRESS: **104 JACK K WILLIAMS ADMIN. BLDG**
 CITY-ST-ZIP: **COLLEGE STATION TX 77843-7101**

TITLE: **D** Change Addition
 NAME: **7101 TAMU**
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **STD** Delete
 NAME: **COOK, LINDA D**
 STREET ADDRESS: **PO BOX 357340**
 CITY-ST-ZIP: **GAINESVILLE FL 32635-7340**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **VD** Delete
 NAME: **SOILEAU, SALLY**
 STREET ADDRESS: **805 ST LOUIS STREET**
 CITY-ST-ZIP: **BATON ROUGE LA 70802-7340**

TITLE: **VP** Change Addition
 NAME: **Bob Ohlensehlen**
 STREET ADDRESS: **246 3rd Ave East**
 CITY-ST-ZIP: **Twin Falls ID 83301**

TITLE: **VD** Delete
 NAME: **FERENZ, GRETCHEN S**
 STREET ADDRESS: **16 EAST 34TH ST, 8TH FLOR**
 CITY-ST-ZIP: **NEW YORK NY 10016**

TITLE: **VP** Change Addition
 NAME: **James Hovland**
 STREET ADDRESS: **227 Admin/Ext Bldg**
 CITY-ST-ZIP: **FOND DU LAC WI 54935**

TITLE: **VD** Delete
 NAME: **MATHIS ROSS, JO ANN**
 STREET ADDRESS: **PO BOX 618**
 CITY-ST-ZIP: **FARMINGTON UT 84025**

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: *Linda D. Cook* **LINDA D. COOK** Executive Director 1/21/02 (352) 378-6665
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)