

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

0000071

03-14-2001 90494 046 \*\*\*\*61.25

**DOCUMENT # N10909**

1. Entity Name

**FLORIDA DELTA OF PI BETA PHI HOUSE CORPORATION.**

Principal Place of Business

PI BETA PHI  
 37 WEST FRATERNITY DRIVE  
 GAINESVILLE FL 32603  
 US

Mailing Address

PI BETA PHI HOUSE CORP  
 P O BOX 13723  
 GAINESVILLE FL 32604  
 US

033225



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

**59-2643047**

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

**BARTON, DELYNN**  
**307 SW 41ST ST.**  
**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**

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	DT	<input type="checkbox"/> Delete
NAME	BARTON, DEYNN	
STREET ADDRESS	307 SW 41ST ST.	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ELFE, MARY RUTH	
STREET ADDRESS	3547 NW 32 PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HENRY, NANCY J	
STREET ADDRESS	3840 NW 15TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FOGLER, STACEY G	
STREET ADDRESS	7 SW 26TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

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:** *Delynn Barton* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-12-01** **352-377-7002**

Date Daytime Phone #