

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90170 038 ****61.25

DOCUMENT # N27206

1. Entity Name

BETA PSI CORPORATION OF PHI SIGMA SIGMA, INC.

Principal Place of Business

Mailing Address

C/O CHANDLER JONES
 2531 NW 41ST STREET, BLDG. E
 GAINESVILLE FL 32606

C/O CHANDLER JONES
 2531 NW 41ST STREET, BLDG. E
 GAINESVILLE FL 32606-6688



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

59-2912280

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

JONES, CHANDLER, JR.
2531 N W 41 STREET
SUITE E
GAINESVILLE FL 32606

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	DS	<input type="checkbox"/> Delete
NAME	DISTLER, JUDITH	
STREET ADDRESS	5978 SEABRIGHT RD	
CITY-ST-ZIP	SPRINGFIELD VA	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SMITH, ELLEN	
STREET ADDRESS	4727 N.W. 124TH ST.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GEORGE, JOSETTE	
STREET ADDRESS	P.O. BOX 9431 N/A	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACEY, DIANNE	
STREET ADDRESS	23123 STATE RD 7 #250	
CITY-ST-ZIP	BOCA RATON FL	
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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STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/99)

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: *Ellen Macey Smith* **REQUIZITION Smith**

1/21/00
 Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR