

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90315 027 ****61.25

DOCUMENT # N37578

1. Entity Name

THE ALL FLORIDA PHI GAMMA DELTA CHAPTER HOUSE CO

Principal Place of Business

Mailing Address

% R. CHARLES SCOTT
 6658 AVENUE B
 SARASOTA FL 34231

% R. CHARLES SCOTT
 6658 AVENUE B
 SARASOTA FL 34231-8852



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

65-0221800

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

SCOTT, R. CHARLES
6658 AVENUE B.
SARASOTA FL 34231

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	D <input type="checkbox"/> Delete
NAME	VAUGHN, RYAN W.
STREET ADDRESS	8536 SW 80TH ST.
CITY-ST-ZIP	GAINESVILLE FL
TITLE	DP <input type="checkbox"/> Delete
NAME	KRILL, MARK
STREET ADDRESS	1859 N PINE ISLAND RD 261
CITY-ST-ZIP	PLANTATION FL 33322
TITLE	DT <input type="checkbox"/> Delete
NAME	BUFFINGTON, JOHN <i>CHRIS</i>
STREET ADDRESS	PO BOX 1742
CITY-ST-ZIP	HIGH SPRINGS FL 32643
TITLE	D <input type="checkbox"/> Delete
NAME	WILLITS, BOB
STREET ADDRESS	8216 SW 2ND PL
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D <input type="checkbox"/> Delete
NAME	HEISLER, BOB
STREET ADDRESS	2721 NW 142ND AVE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D <input type="checkbox"/> Delete
NAME	CORNELL, JOHN
STREET ADDRESS	9321 NW 11TH PLACE
CITY-ST-ZIP	GAINESVILLE FL 32606

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

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRIS A. BUFFINGTON 1/10/00 904-452-1540

Date

Daytime Phone #

CR2E037 (9/99)