

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90110 026 \*\*\*\*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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0221800**

Applied For

Not Applicable

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	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<b>VAUGHN, RYAN W.</b>	
STREET ADDRESS	<b>6636 SW 80TH ST.</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<del>DR D</del>	<input type="checkbox"/> Delete
NAME	<b>KRILL, MARK</b>	
STREET ADDRESS	<b>1859 N PINE ISLAND RD 261</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33322</b>	
TITLE	<del>DT</del>	<input checked="" type="checkbox"/> Delete
NAME	<b>BUFFINGTON, CHRIS</b>	
STREET ADDRESS	<b>PO BOX 1742</b>	
CITY-ST-ZIP	<b>HIGH SPRINGS FL 32643</b>	
TITLE	<del>D</del>	<input type="checkbox"/> Delete
NAME	<b>WILLITS, BOB</b>	
STREET ADDRESS	<b>8216 SW 2ND PL</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>WEISLER, BOB</del>	
STREET ADDRESS	<del>2721 NW 142ND AVE</del>	
CITY-ST-ZIP	<del>GAINESVILLE FL</del>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>CORNELL, JOHN</del>	
STREET ADDRESS	<del>9321 NW 11TH PLACE</del>	
CITY-ST-ZIP	<del>GAINESVILLE FL 32606</del>	

TITLE	<b>DP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HAYHURST, JIM</b>	
STREET ADDRESS	<b>6015 KLAKE DR.</b>	
CITY-ST-ZIP	<b>KEYSTONE HEIGHTS, FL 32656</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LAWTON, BILL</b>	
STREET ADDRESS	<b>7108 SW 80th TERRACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE, FL 32608</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOREL, AINSLEY</b>	
STREET ADDRESS	<b>3441 LAUREL OAK LANE</b>	
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>REARNEY, PETER</b>	
STREET ADDRESS	<b>3010 NW 19th AVE</b>	
CITY-ST-ZIP	<b>HIGH SPRINGS, FL 32643</b>	
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		

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]* **REQUIRED April 24, 2001**

CR2E037 (10/00)