

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91702 024 ****61.25

DOCUMENT # N38040

1. Entity Name

EPSILON LAMBDA CHAPTER OF ALPHA DELTA PI HOUSE C CORPORATION

Principal Place of Business

115 S. KRENTAL AVE
TAMPA FL 33609
US

Mailing Address

115 S. KRENTAL AVE
TAMPA FL 33609
US

2. Principal Place of Business

4202 E. Fowler Ave.

Suite, Apt. #, etc.

USF 30212

City & State

Tampa, FL

Zip

336020

Country

USA

3. Mailing Address

4202 E. Fowler Ave.

Suite, Apt. #, etc.

USF 30212

City & State

Tampa, FL

Zip

336020

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3023149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAWELKOP, JESSICA
115 S. KRENTAL AVE
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

Jessica Pawelkop

Street Address (P.O. Box Number is Not Acceptable)

1106 Dekle Ave. W Apt. F

City

Tampa

FL

Zip Code

336006

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

TITLE DT
NAME GOODWIN, ALYSSA ☒ Delete
STREET ADDRESS 1876 ARGILE DR
CITY-ST-ZIP DUNEDIN FL 34698

TITLE DPM
NAME PAWELKOP, JESSICA ☐ Delete
STREET ADDRESS 115 S. KRENTAL AVE
CITY-ST-ZIP TAMPA FL 33609

TITLE DVP
NAME MONTEITH, APRIL ☐ Delete
STREET ADDRESS 15414 PLANTATION OAKS DR, #13
CITY-ST-ZIP TAMPA FL 33647

TITLE DS
NAME COX, JENNIFER ☐ Delete
STREET ADDRESS 6616 48TH AVE DR E
CITY-ST-ZIP BRADENTON FL 34203

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Jill Reagan ☒ Change ☐ Addition
NAME 4202 E. Fowler Ave
STREET ADDRESS USF 30212
CITY-ST-ZIP Tampa, FL 336020

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/02 813-924-6755

CR2E037 (9/01)