

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90162 024 ****70.00

DOCUMENT # N38040

1. Entity Name

**EPSILON LAMBDA CHAPTER OF ALPHA DELTA PI HOUSE C
ORPORATION**



Principal Place of Business

**4202 E. FOWLER AVE
USF 30212
TAMPA FL 33620
US**

Mailing Address

**4202 E. FOWLER AVE
USF 30212
TAMPA FL 33620
US**

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 **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
1906 DEKLE AVE. W APT F
TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name **PAWELKOP, JESSICA**
Street Address (P.O. Box Number is Not Acceptable)
4208 S. Lynwood Ave
City **Tampa,** FL Zip Code **33611**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jessica Pawelkop*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DT** ☐ Delete
NAME **REAGAN, JILL**
STREET ADDRESS **4202 E. FOWLER AVE**
CITY-ST-ZIP **TAMPA FL 33620**

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

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

TITLE **PPM** ☒ Change ☐ Addition
NAME **PAWELKOP, JESSICA**
STREET ADDRESS **4208 S. Lynwood Ave.**
CITY-ST-ZIP **Tampa, FL 33611**

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

TITLE **DVP** ☒ Change ☐ Addition
NAME **Monteith, APRIL**
STREET ADDRESS **5125 Palm Springs Blvd. #6302**
CITY-ST-ZIP **Tampa, FL 33647**

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

TITLE **DS** ☒ Change ☐ Addition
NAME **Melinda Messner**
STREET ADDRESS **5125 Palm Springs Blvd. #6302**
CITY-ST-ZIP **Tampa, FL 33647**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

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:

Jessica Pawelkop
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/03 813-924-16755
Date Date/Time Phone #

CR2E037 (10/02)