

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003665

1. Entity Name

PHI SIGMA SIGMA NATIONAL HOUSING CORPORATION

Principal Place of Business

23123 STATE RD 7
SUITE 250
BOCA RATON FL 33428

Mailing Address

23123 STATE RD 7
SUITE 250
BOCA RATON FL 33428

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

65-0434520

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

MACEY, DIANNE L
23123 STATE RD 7
SUITE 250
BOCA RATON FL 33428

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 PD
NAME BURKE, DARCY
STREET ADDRESS 16147 SW PALERMO LN.
CITY-ST-ZIP TIGARD OR 97223 ☐ Delete

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

TITLE VD
NAME GEORGE, JOSETTE
STREET ADDRESS 47 WINDBROKE CIRCLE
CITY-ST-ZIP GAITHERSBURG MD 20879 ☐ Delete

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

TITLE SD
NAME MACEY, DIANNE L
STREET ADDRESS 23123 STATE RD 7, SUITE 250
CITY-ST-ZIP BOCA RATON FL ☐ Delete

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

TITLE D
NAME GRAVES, ESTHER
STREET ADDRESS 9804 CEDARBURG DR
CITY-ST-ZIP MONCLOVA OH 43542 ☒ Delete

TITLE T/D
NAME Melanie Boone
STREET ADDRESS 634 Kalomara Road
CITY-ST-ZIP Sykesville MD 21784 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIANNE L. MACEY 3/27/01

Date

Daytime Phone #

561451-4415

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90042 002 *****70.00

524459



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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