2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000087

1. Entity Name

JACKSONVILLE ALUMNI CHAPTER OF KAPPA ALPHA PSI G

FILED
Feb 29, 2000 8:00 am
Secretary of State
02-29-2000 90239 039 ****61.25

Principal Place of Business	Mailing Address
3717 MONCRIEF ROAD JACKSONVILLE FL 32209	3717 MONCRIEF ROAD JACKSONVILLE FL 32209-3928

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3717 West Moncrief Rd	3717 West Moncrief Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
JAX, FL	JAX, FL
City & State	City & State
JAX, FL	JAX, FL
Zip: 32209 Country: DUVAL	Zip: 32209 Country: DUVAL

4. FEI Number: 59-3503848 ☐ 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
IVEY, TERRENCE I ESQ. 1650 ART MUSEUM DRIVE SUITE 11 JACKSONVILLE FL 32207	Name: Tony D. Nelson Street Address (P.O. Box Number is Not Acceptable): 4022 Muirfield Court City: JAX FL Zip Code: 32225

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: Tony D. Nelson — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE: 2/19/00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D FURRELL, J F 13335 TROPIC EGRET DR JAX FL 32224	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Mr. Tony D. Nelson 4022 Muirfield Court JAX, FL 32225	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRIESTLY, C 5876 COOPER DR JAX FL 32218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Mr. Cassid	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KNIGHT, F 9027 ADAMS AVE JAX FL 32208	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Herman Miller, Jr, MD 7636 Cathedral Oaks Place South JAX, FL 32217	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS John F. Burrell, ATC 12311 Kensington Oaks Dr. #2706 Jacksonville, FL 32246	☐ 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

CR2E037 (9/99)

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: John F. Burrell ATC — 02/16/00 — 904-633-6561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #