

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90047 012 ****61.25

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1. Entity Name

DELTA LAMBDA SIGMA CHAPTER OF PHI BETA SIGMA, FR

Principal Place of Business

2207 AVENUE O
 FORT PIERCE FL 34950

Mailing Address

PO BOX 1881
 FORT PIERCE FL 34954-1881

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

31-1699823
APPLIED FOR

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

BURNS, RUFUS
2207 AVENUE O
FORT PIERCE FL 34950

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 Delete
 NAME **PTD**
BURNS, RUFUS
 STREET ADDRESS **2207 AVENUE O**
 CITY-ST-ZIP **FORT PIERCE FL 34950**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD**
DELANCY, ROBERT
 STREET ADDRESS **702 SE BREAKWATER AVE**
 CITY-ST-ZIP **PORT. ST. LUCIE FL 34983**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD**
GALLMON, JACOB L
 STREET ADDRESS **2200 JUANITA AVE**
 CITY-ST-ZIP **FORT PIERCE FL 34946**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
GRAHAM, PAUL
 STREET ADDRESS **545 32ND AVE SW**
 CITY-ST-ZIP **VERO BEACH FL 32968**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
WASHINGTON, DAVID
 STREET ADDRESS **2043 AIROSO BLVD**
 CITY-ST-ZIP **PORT. ST. LUCIE FL 34984**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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)(l), 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: *Jacob L Gallmon* **SIGNATURE: JACOB L GALLMON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 (561) 468-5271

Date

Daytime Phone #