

02-01 01:56P

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Secretary of State

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2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 762872**

1. Entity Name

ALPHA XI DELTA CORPORATION OF GAINESVILLE, FLORI

Principal Place of Business

621 SW 10TH STREET
GAINESVILLE FL 32601

Mailing Address

621 SW 10TH STREET
GAINESVILLE FL 32601

00021251

2. Principal Place of Business

3. Mailing Address

Suite, Apt. A, etc.

Suite, Apt. A, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
58-2224300Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SLAYDEN, NANCY
22014 NW COUNTRY ROAD 238
HIGH SPRINGS FL 32643

7. Name and Address of New Registered Agent

Name

Nancy Gainer

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

7111 39th Lane East

City

Sarasota

FL

34243

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

Nancy Gainer

Signature, used in printed name of registered agent and site if applicable

(NOTE: Registered Agent signature required when releasing)

DATE

FILE NOW:
FEE \$8.759. Section Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State**10. OFFICERS AND DIRECTORS**

TITLE	SD	☐ Delete
NAME	PRIS POVLIS	
STREET ADDRESS	18908 BYRNWYCK LANE	
CITY-ST-ZIP	ODessa FL	
TITLE	VPO	☐ Delete
NAME	DEHAAN, PATRICIA D.	
STREET ADDRESS	RT 2 BOX 388A	
CITY-ST-ZIP	HAWTHORNE FL	
TITLE	TD	☐ Delete
NAME	BRANNON, SCOTT	
STREET ADDRESS	1501 NW 61ST TERR	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	P	☐ Delete
NAME	GAINER, NANCY	
STREET ADDRESS	7111 39TH LANE E	
CITY-ST-ZIP	SARASOTA FL 34243	
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	☐ 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)(f), 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 title empowered.

SIGNATURE:

Nancy Gainer

x 2-7-01

SIGNATURE AND TITLE OF PREPARED BY OR PREPARED BY OR PREPARED BY

DATE

Signature Printed

0328527 (1000)