

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20266

1. Entity Name

ALPHA RHO CHI FRATERNITY, APOLLODORUS CHAPTER,
INCORPORATED

Principal Place of Business

627 SW 12TH ST
GAINESVILLE, FL 32601

Mailing Address

627 SW 12TH ST
GAINESVILLE, FL 32601

2. Principal Place of Business

231 ARCHITECTURE BUILDING
Suite, Apt. #, etc.

3. Mailing Address

231 ARCHITECTURE BUILDING
Suite, Apt. #, etc.
PO BOX 115702

City & State
GAINESVILLE, FL

Zip
32611-5702

Country
USA

City & State
GAINESVILLE, FL

Zip
32611-5702

Country
USA

4. FEI Number

59-3211312

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERT E. FORD, JR.
4518 SW 83RD DR
GAINESVILLE, FL 32608-4108

7. Name and Address of New Registered Agent

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:

FEES ARE \$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

TITLE PD
NAME MCGOWAN, MICHAEL
STREET ADDRESS 627 SW 12TH ST
CITY-ST-ZIP GAINESVILLE, FL 32601 ☒ Delete

TITLE VD
NAME FORD, AMBER
STREET ADDRESS 4518 SW 83RD DR
CITY-ST-ZIP GAINESVILLE, FL 32608 ☒ Delete

TITLE TD
NAME LONDON, LUCAS
STREET ADDRESS 999 SW 16TH AVE, APT. 91
CITY-ST-ZIP GAINESVILLE, FL 32601 ☒ Delete

TITLE SD
NAME SOELDNER, SUZANNE
STREET ADDRESS 127 SE 16TH AVE, APT. S101
CITY-ST-ZIP GAINESVILLE, FL 32601 ☒ Delete

TITLE D
NAME DUNLOP, CHRISTOPHER
STREET ADDRESS 2701 SW 13TH ST, APT. E10
CITY-ST-ZIP GAINESVILLE, FL 32608 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME PANAYOTOVA, TZVETA
STREET ADDRESS 4019 SW 15TH LN, APT. E
CITY-ST-ZIP GAINESVILLE, FL 32607 ☐ Change ☒ Addition

TITLE VD
NAME DOWD, SUZANNE
STREET ADDRESS 127 SE 16TH AVE, APT. S101
CITY-ST-ZIP GAINESVILLE, FL 32601 ☐ Change ☒ Addition

TITLE TD
NAME HOEFT, TIMOTHY
STREET ADDRESS 55010101 LAKESIDE COMPLEX
CITY-ST-ZIP GAINESVILLE, FL 32612 ☐ Change ☒ Addition

TITLE SD
NAME KISZ, ANDREW
STREET ADDRESS 52010303 LAKESIDE COMPLEX
CITY-ST-ZIP GAINESVILLE, FL 32612 ☐ Change ☒ Addition

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

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:

T. Panayotova

04/27/01

(352) 3380674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

CR2E037 (1/00)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90360 043 ****61.25

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DO NOT WRITE IN THIS SPACE