

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20266

1. Entity Name

ALPHA RHO CHI FRATERNITY, APOLLODORUS CHAPTER, INCORPORATED

Principal Place of Business

231 ARCHITECTURE BUILDING  
GAINESVILLE FL 32611-5702

Mailing Address

231 ARCHITECTURE BUILDING  
GAINESVILLE FL 32611-5702

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

59-3211312

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

FORD, ROBERT E  
4518 S.W. 83RD DR  
GAINESVILLE FL 32608

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

*Te Panayotova*

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 PANAYOTOVA, TZVETA  
STREET ADDRESS 4019 SW 15TH LN, APT. E  
CITY-ST-ZIP GAINESVILLE FL 32607 ☒ Delete

TITLE P  
NAME HOEFT, TIMOTHY  
STREET ADDRESS 561 SOMERSET DR. A  
CITY-ST-ZIP AUBURNDALE, FL 33823 ☒ Change ☐ Addition

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

TITLE V  
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 ☒ Delete

TITLE S  
NAME EDINGTON, AMBER  
STREET ADDRESS 1122 E. Panhellenic Drive  
CITY-ST-ZIP Gainesville, FL 32601 ☐ Change ☒ Addition

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

TITLE T  
NAME McFAW, MEGAN  
STREET ADDRESS 3700 SW 27th H303  
CITY-ST-ZIP Gainesville, FL 32608 ☐ Change ☒ Addition

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

TITLE P  
NAME WALL, JAMES  
STREET ADDRESS 990 Beacon Rd.  
CITY-ST-ZIP Rockledge, FL 32955 ☐ Change ☒ Addition

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

TITLE D  
NAME WEHLE, ANDREW  
STREET ADDRESS PO BOX 115701  
CITY-ST-ZIP Gainesville, 32611 ☐ 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:

*SIG Te Panayotova*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/02 (352) 3380674

Date

Daytime Phone #

CR2E037 (9/01)