

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90156 011 ****61.25

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 Suite, Apt. #, etc.		3. Mailing Address 231 Architecture Building Suite, Apt. #, etc. PO Box 115701 City & State Gainesville, FL Zip 32611-5702 Country Alachua	
City & State		4. FEI Number 59-3211312	
Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Country		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent FORD, ROBERT E 4518 S.W. 83RD DR GAINESVILLE, FL 32608		7. Name and Address of New Registered Agent Name Ford, Robert E. Street Address (P.O. Box Number is Not Acceptable) 17995 SE 83RD Melody AVE City Lady Lake FL Zip Code 32162	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE 7/28/03 Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent's signature required when resigning)			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P ☒ Delete NAME HOEFFT, TIMOTHY STREET ADDRESS 561 SOMERSET DRIVE CITY-ST-ZIP AUBURNDAL, FL 33823	TITLE V ☒ Delete NAME DOWD, SUZANNE STREET ADDRESS 127 SE 16TH AVE, APT. S101 CITY-ST-ZIP GAINESVILLE, FL 32601	TITLE V ☐ Change ☒ Addition NAME Wicks, Ryan STREET ADDRESS 700 Laurel Chase CITY-ST-ZIP Marietta, GA 30064	TITLE V ☐ Change ☒ Addition NAME Hawthorne, Dane STREET ADDRESS 5762 Lake Breeze Ave CITY-ST-ZIP Lakeland, FL 33809
TITLE S ☒ Delete NAME EDINGTON, AMBER STREET ADDRESS 1122 E. PANHELLENIC DRIVE CITY-ST-ZIP GAINESVILLE, FL 32601	TITLE T ☒ Delete NAME MCFANN, MEGAN STREET ADDRESS 3700 SW 27TH STREET H303 CITY-ST-ZIP GAINESVILLE, FL 32608	TITLE T ☐ Change ☒ Addition NAME Walker, Kirsten STREET ADDRESS 1627 Lamplighter Way CITY-ST-ZIP Orlando, FL 32818	TITLE S ☐ Change ☒ Addition NAME Schindler, Robin STREET ADDRESS 860 Birchwood Dr. CITY-ST-ZIP Winter Springs, FL 32708
TITLE D ☐ Delete NAME WALL, JAMES STREET ADDRESS 990 BEACON ROAD CITY-ST-ZIP ROCKLEDGE, FL 32955	TITLE D ☒ Delete NAME WEHLE, ANDREW STREET ADDRESS PO BOX 115701 CITY-ST-ZIP GAINESVILLE, FL 32611	TITLE P ☒ Change ☐ Addition NAME Wall, James STREET ADDRESS 990 Beacon Rd CITY-ST-ZIP Rockledge, FL 32955	TITLE S ☐ Change ☒ Addition NAME Trick, Holly STREET ADDRESS 3800 SW 20th Ave #403 CITY-ST-ZIP Gainesville, FL 32607
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 517, 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:		DATE 7/25/2003	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		321-544-6767	

CH2E037 (10/02)