

2020 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N10000004097

Entity Name: KAPPA PHI EPSILON FRATERNITY INC.**Current Principal Place of Business:**1002 W UNIVERSITY AVE
GAINESVILLE, FL 32601**Current Mailing Address:**1002 W UNIVERSITY AVE
GAINESVILLE, FL 32601 US**FEI Number:** 27-3379615**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRABHORN, BRANDON
1002 W UNIVERSITY AVE
GAINESVILLE, FL 32601 US*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:** BRANDON GRABHORN

10/14/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY, DIRECTOR
Name GRABHORN, BRANDON
Address 1002 W UNIVERSITY AVE
City-State-Zip: GAINESVILLE FL 32601

Title VC, DIRECTOR
Name CHAUNCEY, DAVID
Address 4335 IRVINGTON AVE
City-State-Zip: JACKSONVILLE FL 32210

Title CHAIRMAN, DIRECTOR
Name JOHNSON, TYLER
Address 991 MACGREGOR AVE
City-State-Zip: WORTHINGTON OH 43085

Title DIRECTOR
Name ROBINSON, SEAN
Address 1002 W UNIVERSITY AVE
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR
Name COKER, RICHARD
Address 5026 SW 94TH ST
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name FERGUSON, TIMOTHY
Address 13364 93RD AVE
City-State-Zip: SEMINOLE FL 33776-2428

Title DIRECTOR
Name HOOVER, JUSTIN
Address 4025 SANTA BARBARA DR
City-State-Zip: SEBRING FL 33875

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRANDON GRABHORN**SECRETARY**

10/14/2020

Electronic Signature of Signing Officer/Director Detail

Date