

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37578

**Entity Name:** UPSILON PHI HOUSING CORPORATION, INC.

**Current Principal Place of Business:**

667 FRATERNITY DRIVE  
GAINESVILLE, FL 32603

**FILED**  
**Mar 15, 2024**  
**Secretary of State**  
**7829866218CC**

**Current Mailing Address:**

C/O FRATERNITY MANAGEMENT  
PO BOX 13117  
GAINESVILLE, FL 32604 US

**FEI Number: 30-0471263**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TK REGISTERED AGENT, INC.  
TK REGISTERED AGENT, INC.  
101 E. KENNEDY BOULEVARD, SUITE 2700  
TAMPA FL 33602 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: GREGORY R. HANEY**

**03/15/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name WILT, CHRIS  
Address 117 PECAN HOLLOW DR  
City-State-Zip: COPPELL TX 75019

Title VP  
Name LEVARGE, LINCOLN  
Address 3657 NW 55TH CIRCLE  
City-State-Zip: OCALA FL 34482

Title PRESIDENT EMERITUS  
Name KRILL, MARK  
Address 510 NW 84TH AVE #420  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name AVITABILE, CHRISTOPHER MICHAEL  
Address 126 SPRINGMEADOW DRIVE  
City-State-Zip: HOLBROOK NY 11741

Title TREASURER  
Name LAWTON, WILLIAM  
Address 9895 NATURE MILL RD.  
City-State-Zip: ALPHARETTA GA 30022

Title PRESIDENT  
Name FAGERBURG, ROBERT  
Address 10036 SW 55TH LANE  
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR  
Name DODGE, ROBERT  
Address 1445 P STREET, NW  
APT.402  
City-State-Zip: WASHINGTON DC 20005

Title DIRECTOR  
Name BATTEL, JORDAN  
Address 4102 BOWSER AVE #5  
City-State-Zip: DALLAS TX 75219

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*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: DAVID C THOMAS**

**SECRETARY**

**03/15/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GEIGER, ZACK  
Address 4435 TOUCHTON ROAD  
APT 129  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name MORIN, MICHAEL  
Address 301 CLONTS STREET  
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR  
Name TAYLOR, TATE  
Address 1821 W. RICHARDSON PLACE  
City-State-Zip: TAMPA FL 33606

Title SECRETARY  
Name THOMAS, DAVID  
Address 1781 HAMILTON DRIVE  
City-State-Zip: PHOENIXVILLE PA 19460

Title DIRECTOR  
Name WESTBROOK, NED  
Address 2892 PADDOCK TRAIL  
City-State-Zip: DALUTH GA 30096