

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701480

1. Entity Name

NATIONAL ALPHA LAMBDA DELTA, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90013 031 ****61.25

Principal Place of Business

Mailing Address

988 1/2 BOND STREET
THE CARRIAGE HOUSE
MACON GA 31201
US

P O BOX 4403
MACON GA 31208-4403
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6134595

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SANDLER, WILLIAM W. JR.
7980 SW 145 ST.
MIAMI FL 33158

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:
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 P ☐ Delete
NAME GRAHAM, PATRICIA
STREET ADDRESS 6900 LOOP 1604 W.
CITY-ST-ZIP SAN ANTONIO TX 78249

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

TITLE ED ☐ Delete
NAME EARWOOD-SMITH, GLENDA
STREET ADDRESS ~~1347 A ADAMS ST.~~
CITY-ST-ZIP MACON GA ~~31208~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 988 1/2 Bond Street
CITY-ST-ZIP Macon, GA 31201

TITLE VD ☐ Delete
NAME WADE, MARTHA
STREET ADDRESS MARYVILLE UNIV OF ST. LOUIS, DEAN OF ADMIS
CITY-ST-ZIP ST. LOUIS MO 61341

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

TITLE D ☐ Delete
NAME STEMLER, JAMES
STREET ADDRESS 500 N. WILLAMETTE BLVD.
CITY-ST-ZIP PORTLAND OR

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: Glennda Earwood Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 31, 2000 912-301-4324
Date Daytime Phone #

CR2E037 (9/99)