

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701480

1. Entity Name

NATIONAL ALPHA LAMBDA DELTA, INC.

**FILED**  
Feb 12, 2001 8:00 am  
Secretary of State

02-12-2001 90244 048 \*\*\*\*61.25

Principal Place of Business

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

Mailing Address

P O BOX 4403  
MACON GA 31208  
US

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

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

TITLE NAME ☐ Delete  
ED EARWOOD-SMITH, GLENDA  
STREET ADDRESS 988 1/2 BOND ST  
CITY-ST-ZIP MACON GA 31201

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

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

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

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

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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: *Glenda Earwood-Smith* 8/9/2001 478-301-4324  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)