

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

0088075

**DOCUMENT # 701480**

1. Entity Name

**NATIONAL ALPHA LAMBDA DELTA, INC.**

02-12-2001 90244 048 \*\*\*\*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  
 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	P	<input type="checkbox"/> Delete
NAME	GRAHAM, PATRICIA	
STREET ADDRESS	6900 LOOP 1604 W.	
CITY-ST-ZIP	SAN ANTONIO TX 78249	
TITLE	ED	<input type="checkbox"/> Delete
NAME	EARWOOD-SMITH, GLENDA	
STREET ADDRESS	988 1/2 BOND ST	
CITY-ST-ZIP	MACON GA 31201	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WADE, MARTHA	
STREET ADDRESS	MARYVILLE UNIV OF ST. LOUIS, DEAN OF ADMIS	
CITY-ST-ZIP	ST. LOUIS MO 61341	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEMLER, JAMES	
STREET ADDRESS	500 N. WILLAMETTE BLVD.	
CITY-ST-ZIP	PORTLAND OR	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Patricia Graham* **SIGNATURE:** *Glenda Earwood-Smith* **DATE:** *2/9/2001* **DAYTIME PHONE #:** *478-301-4324*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)