

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90026 022 \*\*\*\*70.00

**DOCUMENT # 710315**

1. Entity Name

**PI KAPPA PHI PROPERTIES, INC.**

Principal Place of Business

2102 CAMBRIDGE BELTWAY DR  
 STE A  
 CHARLOTTE NC 28273  
 US

Mailing Address

P. O. BOX 240526  
 CHARLOTTE NC 28224

**00040329**



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

**59-6216310**

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

**HIGHTOWER, NATHAN**  
**625 COURT ST., 2ND FL.**  
**CLEARWATER FL 33756**

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  Delete  
 NAME **D**  
 STREET ADDRESS **TIMMES, M E**  
 CITY-ST-ZIP **2102 CAMBRIDGE BELTWAY DR, STE. A**  
**CHARLOTTE NC 28273**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PD**  
 STREET ADDRESS **PATERNO, ROBERT J**  
 CITY-ST-ZIP **2100 PONCE DE LEON BLVD., STE. 1020**  
**CORAL GABLES FL 33134**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **STUCKEL, JAY J**  
 CITY-ST-ZIP **6161 KERTH RD**  
**ST LOUIS MO**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD**  
 STREET ADDRESS **LEAK, J COUNCILL**  
 CITY-ST-ZIP **401 S TRYON ST., STE. 2300**  
**CHARLOTTE NC**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD**  
 STREET ADDRESS **UNDER, GREGORY V**  
 CITY-ST-ZIP **2721 W HAMPTON CIRCLE**  
**DELRAY BEACH FL 33445**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD**  
 STREET ADDRESS **ASPINWALL, GLENN**  
 CITY-ST-ZIP **300 COLONIAL CENTER PARKWAY, STE. 200**  
**ROSEWELL GA 30076**

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 of my titles empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert J. Paterno, President**

**3/30/01**

Date

Daytime Phone #

CR2E037 (10/00)