

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90136 028 \*\*\*\*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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-6216310**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TIMMES, M E</b>	
STREET ADDRESS	<b>2102 CAMBRIDGE BELTWAY DR, STE. A</b>	
CITY-ST-ZIP	<b>CHARLOTTE NC 28273</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PATERNO, ROBERT J</b>	
STREET ADDRESS	<b>2100 PONCE DE LEON BLVD., STE. 1020</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STUCKEL, JAY J</b>	
STREET ADDRESS	<b>6161 KERTH RD</b>	
CITY-ST-ZIP	<b>ST LOUIS MO</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>LEAK, J COUNCILL</b>	
STREET ADDRESS	<b>401 S TRYON ST., STE. 2300</b>	
CITY-ST-ZIP	<b>CHARLOTTE NC</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>UNDER, GREGORY V</b>	
STREET ADDRESS	<b>2721 W HAMPTON CIRCLE</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>ASPINWALL, GLENN</b>	
STREET ADDRESS	<b>300 COLONIAL CENTER PARKWAY, STE. 200</b>	
CITY-ST-ZIP	<b>ROSEWELL GA 30076</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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:

*Nathan D. Hightower*  
**NATHAN D HIGHTOWER**

**1/24/02**

**727-441-8966**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)