

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90112 001 \*\*\*\*61.25

**DOCUMENT # 729014**

1. Entity Name

**THE ETA IOTA HOUSE CORPORATION OF THE SIGMA CHI**

Principal Place of Business

Mailing Address

520 SOUTH RIDGEWOOD AVE.  
 DAYTONA BCH. FL 32114-4993

PO BOX 86592  
 PLANO TX 75036  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Shelbourne VT**

4. FEI Number

**59-1925025**

Applied For

Not Applicable

Zip

Country

Zip

Country

**05482**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**ALSTON, KEVIN S**  
**8744 SW 51 STREET**  
**COOPER CITY FL 33328**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	ALSTON, KEVIN	
STREET ADDRESS	5107 S.W. 93RD AVE	
CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE	V	<input type="checkbox"/> Delete
NAME	LOJKO, JOHN BRIAN	
STREET ADDRESS	79 BARRINGTON PLACE	
CITY-ST-ZIP	MARIETTA GA	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ADKINS, JOE	
STREET ADDRESS	5035 SW 93 AVE	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BANTA, JOHN V	
STREET ADDRESS	824 KINWEST PKWY., APT 102	
CITY-ST-ZIP	IRVING TX	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ISAKSON, WILLIAM	
STREET ADDRESS	13901 SW 93 LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOULK, WILLIAM	
STREET ADDRESS	5 WILD GINGER LANE	
CITY-ST-ZIP	SHELBOURNE VT	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Palmer	
STREET ADDRESS	13559 Old El Camino Real	
CITY-ST-ZIP	SAN DIEGO CA 92130	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2816 Vine St # 167	
CITY-ST-ZIP	Dallas TX 75204	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORNWELL, NICHOLAS	
STREET ADDRESS	3449 AMROTH DR	
CITY-ST-ZIP	COLLIERVILLE TN 38017	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	PO Box 952	
CITY-ST-ZIP	zip- 05482	

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:

*Kevin Alston*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/100

Date

Daytime Phone #