

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90171 003 *****61.25

DOCUMENT # 733514

1. Entity Name
EPSILON ZETA OF SIGMA CHI, INC.



Principal Place of Business

**1415 E PIEDMONT DR
SUITE 4
TALLAHASSEE FL 32308
US**

Mailing Address

**PO BOX 12246
TALLAHASSEE FL 32317
US**

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 **59-0447428**

Applied For

Not Applicable

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

**BENTON, RICHARD E
1415 E PIEDMONT DRIVE
SUITE 4
TALLAHASSEE FL 32312**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **FERRELL, CARL E**
STREET ADDRESS **2021 W. RANDOLPH CIRCLE**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D** ☐ Change ☒ Addition
NAME **James Kotas**
STREET ADDRESS **1415 E. Piedmont Drive, Suite 4**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **D** ☐ Delete
NAME **KICKLITER, RAY**
STREET ADDRESS **4117 COVENANT LANE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** ☐ Change ☒ Addition
NAME **John Law**
STREET ADDRESS **4435 Touchton Road, Suite 726**
CITY-ST-ZIP **Jacksonville, FL 32246**

TITLE **D** ☐ Delete
NAME **TAGGERT, F. MICHAEL F**
STREET ADDRESS **6863 BUCK LAKE ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **D** ☐ Change ☒ Addition
NAME **Kevin Watson**
STREET ADDRESS **213 S. Monroe Street**
CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE **D** ☐ Delete
NAME **THOMAS, MICHAEL J**
STREET ADDRESS **215 S MONROE ST**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **D** ☐ Change ☒ Addition
NAME **Brian Barton**
STREET ADDRESS **1370 Manor House Drive**
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE **D** ☐ Delete
NAME **BENTON, RICHARD E**
STREET ADDRESS **1415 E PIEDMONT DR #4**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** ☐ Change ☒ Addition
NAME **Matt Clapps**
STREET ADDRESS **1415 E. Piedmont Drive, Suite 4**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **D** ☒ Delete
NAME **DEAN, CARLTON**
STREET ADDRESS **215 DELTA COURT**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **D** ☐ Change ☒ Addition
NAME **Soctt Jenkins**
STREET ADDRESS **1415 E. Piedmont Drive, Suite 4**
CITY-ST-ZIP **Tallahassee, FL 32308**

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 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 to an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Richard E. Benton

4/30/03

297-0990

CR2E037 (10/02)