

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739293

1. Entity Name

DELTA KAPPA CHAPTER OF DELTA PHI EPSILON HOUSE C

Principal Place of Business

Mailing Address

1115 SW 9TH AVE
GAINESVILLE FL 32601
US

200 E BUFFALO ST
SUITE 402
ITHACA NY 14850-4232
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

59-0747893

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

Name

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

City

FL

Zip Code

SILVERMAN, FAYE
1750 N.W. 8TH AVENUE
GAINESVILLE FL

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 ALPER, ELLEN
STREET ADDRESS 734 WEST PORT PLAZA SUITE 271
CITY-ST-ZIP ST LOUIS MO 63146

TITLE ☐ Delete

NAME SD
STREET ADDRESS BRUNING, DONNA
CITY-ST-ZIP 1546 CORDOVA AVE
LAKEWOOD OH 44107

TITLE ☐ Delete

NAME D
STREET ADDRESS KATHAN, BARBARA W
CITY-ST-ZIP 221 WARREN PL
ITHACA NY 14850

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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 other like empowered.

SIGNATURE:

BARBARA W KATHAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90074 017 ****61.25



DO NOT WRITE IN THIS SPACE