

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-13-2002 90223 048 ****61.25

DOCUMENT # 810440

1. Entity Name

PHI-BETA-PSI

Principal Place of Business

Mailing Address

C/O DOROTHY DILLON
 4440 IRONWOOD CIRCLE, 209D
 BRADENTON FL 34209-6809
 US

C/O DOROTHY DILLON
 4440 IRONWOOD CIRCLE, 209D
 BRADENTON FL 34209-6809
 US



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

31-6043811

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

DILLON, DOROTHY
4440 IRONWOOD CIRCLE, 209D
BRADENTON FL 34209

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	D	<input type="checkbox"/> Delete
NAME	KRAGERUD, CAROL	
STREET ADDRESS	1155 HORNADY RD	
CITY-ST-ZIP	BROWNSBURG IN 46112	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PATTERSON, JANE	
STREET ADDRESS	1722 BENHAM DR	
CITY-ST-ZIP	LIMA OH 45805	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MAXWELL, SANDY	
STREET ADDRESS	642 TALL OAKS	
CITY-ST-ZIP	LIMA OH 45805	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MORRIS, MILLCENT	
STREET ADDRESS	5 OAK PARK BLVD	
CITY-ST-ZIP	JEFFERSONVILLE IN	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCUTCHAN, LORRAINE	
STREET ADDRESS	6705 CHAPEL HILL RD	
CITY-ST-ZIP	BORDEN IN 47106	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SIDEBOTHAM, BARBARA	
STREET ADDRESS	1982 TUPEFIELD RD	
CITY-ST-ZIP	COLUMBUS OH 43229	

TITLE		<input 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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cheryl Hall	
STREET ADDRESS	1729 Kent Street	
CITY-ST-ZIP	Anaheim, CA 92806	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martha Smith	
STREET ADDRESS	1370 N. 475 E	
CITY-ST-ZIP	Columbus, IN 47203	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cindy Pierce	
STREET ADDRESS	91 Nashua Drive	
CITY-ST-ZIP	Clarksville, IN 47129	
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:

Cindy Pierce
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

812
1-14-02 945-2861

CR2E037 (9/01)