

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F95000002989

FILED  
Jan 30, 2003  
Secretary of State

**Entity Name:** DELTA DELTA DELTA NATIONAL HOUSE CORPORATION-UNIVERSITY OF FLORIDA (ALPHA PSI)

**Current Principal Place of Business:**

2313 BROOKHOLLOW PLAZA  
ARLINGTON, TX 76005 US

**New Principal Place of Business:**

**Current Mailing Address:**

2331 BROOKHOLLOW PLAZA  
ARLINGTON, TX 76005 US

**New Mailing Address:**

**FEI Number:** 75-2483083

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: HOLLOW, JUDY  
Address: 3512 ISKAGNA DRIVE  
City-St-Zip: KNOXVILLE, TN 37919

Title: P ( ) Delete  
Name: LINDSAY, SARAH  
Address: 4964 N 35TH ST  
City-St-Zip: ARLINGTON, VA 22207

Title: D ( ) Delete  
Name: CLARK, JACKYE  
Address: 7510 SHARON LEE DRIVE  
City-St-Zip: ARLINGTON, TX 76001

Title: D ( ) Delete  
Name: SHIMBERG, MICHELLE  
Address: 3212 W FOUNTAIN BLVD  
City-St-Zip: TAMPA, FL 33609

Title: S ( ) Delete  
Name: COOK, CARI F  
Address: 2313 BROOKHOLLOW PLAZA  
City-St-Zip: ARLINGTON, TX 76005

Title: D ( ) Delete  
Name: CAIN, GINGER  
Address: 2664 RIVER OAK DR  
City-St-Zip: DECATUR, GA

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARI COOK

S

01/30/2003

Electronic Signature of Signing Officer or Director

Date