

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002236

1. Entity Name

DELTA PHI Upsilon FRATERNITY, INC.

VR

Principal Place of Business

Mailing Address

8635 LONGACRE DRIVE
MIRAMAR FL 33025

POST OFFICE BOX 4441
WEST HOLLYWOOD FL 33083

76379



DO NOT WRITE IN THIS SPACE

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

65-0630842

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

CHARLES, TREVOR A
8635 LONGACRE DRIVE
MIRAMAR FL 33025

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 | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TREVOR CHARLES |
| STREET ADDRESS | 8635 LONGACRE DR. |
| CITY-ST-ZIP | MIRAMAR FL 33025 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | THEODORE DEUANE |
| STREET ADDRESS | 2 BAILEY ST #1 |
| CITY-ST-ZIP | DORCHESTER, MA 02124 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Jessie Grant |
| STREET ADDRESS | 5957 Jodie Lane, #11 |
| CITY-ST-ZIP | PHILADELPHIA, PA 19150 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DAVID MURRAY-MCCARTHY |
| STREET ADDRESS | 65 DRAPER ST. #1 |
| CITY-ST-ZIP | DORCHESTER, MA 02122 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Steven Butler |
| STREET ADDRESS | 1415 Meridian Ave, #17 |
| CITY-ST-ZIP | Miami Beach, FL 33139 |
| 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 817, 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:

[Signature]

TREVOR CHARLES

4/27/01

954-441-1694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 29, 2001

DELTA PHI UPSILON FRATERNITY, INC.
POST OFFICE BOX 4441
WEST HOLLYWOOD, FL 33083

Subject: DELTA PHI UPSILON FRATERNITY, INC.

Reference Number: N00000002236

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/pr
ANNUAL REPORTS SECTION