

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000002236

FILED
May 08, 2002 8:00 AM
Secretary of State

Entity Name: DELTA PHI UPSILON FRATERNITY, INC.

Current Principal Place of Business:

8635 LONGACRE DRIVE
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 4441
WEST HOLLYWOOD, FL 33083

New Mailing Address:

FEI Number: 65-0630842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARLES, TREVOR A
8635 LONGACRE DRIVE
MIRAMAR, FL 33025

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: ED () Delete
Name: CHARLES, TREVOR
Address: 8635 LONGACRE DR
City-St-Zip: MIRAMAR, FL 33025

Title: T () Delete
Name: DEUANE, THEODORE
Address: 2 BAILEY ST #1
City-St-Zip: DORCHESTER, MA 02124

Title: S () Delete
Name: GRANT, JESSIE
Address: 5957 JOELIE LANE #11
City-St-Zip: ERIE, PA 16509

Title: D () Delete
Name: MURRAY-MCCARTHY, DAVID
Address: 65 DRAPER ST. #1
City-St-Zip: DORCHESTER, MA 02122

Title: D () Delete
Name: BULTER, STEVEN
Address: 1415 MERIDIAN AVE #17
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: DEVANE, THEODORE
Address: 2 BAILEY ST #1
City-St-Zip: DORCHESTER, MA 02124

Title: S (X) Change () Addition
Name: GRANT, JESSIE
Address: 5957 JOLIE LANE #11
City-St-Zip: ERIE, PA 16509

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

Title: D (X) Change () Addition
Name: BUTLER, STEVEN
Address: 1415 MERIDIAN AVE #17
City-St-Zip: MIAMI BEACH, FL 33139

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: TREVOR CHARLES

ED

05/08/2002

Electronic Signature of Signing Officer or Director

Date