

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 30, 2002 8:00 am**  
**Secretary of State**

07-10-2002 90196 006 \*\*\*\*61.25

**DOCUMENT # NO1000000334**

1. Entity Name

**SIGMA GAMMA ALUMNI CORPORATION**

Principal Place of Business

Mailing Address

15849 GLEN WILLOW LANE  
WELLINGTON FL 3341415849 GLEN WILLOW LANE  
WELLINGTON FL 33414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-114 5953

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

RABIN, ADAM T

4159 N. HAVERHILL ROAD, #1309  
WEST PALM BEACH FL 33417

Name

Adam T. Rabin

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

15849 Glen Willow Lane

City

Wellington

FL

Zip Code

33414

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/14/02

After September 13, 2002,  
min. will be \$236.25.9. 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	PD	<input type="checkbox"/> Delete
NAME	RABIN, ADAM T	
STREET ADDRESS	4159 N. HAVERHILL ROAD, #1309	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

TITLE	Adam T. Rabin, PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15849 Glen Willow Lane	
STREET ADDRESS	Wellington, FL 33414	
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	WAX, JONATHAN	
STREET ADDRESS	4159 N. HAVERHILL ROAD, #1309	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

TITLE	Jonathan Wax SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15849 Glen Willow Lane	
STREET ADDRESS	Wellington, FL 33414	
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	SHAPIRO, SCOTT	
STREET ADDRESS	4159 N. HAVERHILL ROAD, #1309	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

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

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/14/02 561838-4100

CR2E037 (4/02)