

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2002 8:00 am  
Secretary of State

04-30-2002 90180 017 \*\*\*\*61.25

DOCUMENT # N01000002483

1. Entity Name

UPSILON XI CHAPTER, INC.

Principal Place of Business

1395 E. MAGNOLIA STREET  
BARTOW FL 33830

Mailing Address

1395 E. MAGNOLIA STREET  
BARTOW FL 33830

2. Principal Place of Business

3. Mailing Address

P.O. Box 91492

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, FL

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

33804

Country

USA

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

WILLIAMS, JOSEPH M  
1701 J. REDMAN PARKWAY  
PLANT CITY FL 33566

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 ☐ Delete  
NAME D  
STREET ADDRESS LONGWORTH, LEO E  
CITY-ST-ZIP 1395 E. MAGNOLIA STREET  
BARTOW FL 33830

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BENNETT, MALCOLM  
CITY-ST-ZIP 4868 WILLIAMSON BLVD.  
LAKELAND FL 33810

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MCMILLON, HARDRIC  
CITY-ST-ZIP 4520 DUFFER LOOP  
SEBRING FL 33872

TITLE ☐ Change ☒ Addition  
NAME Carpenter, M. Arthur  
STREET ADDRESS 1339 Robert King High Drive  
CITY-ST-ZIP Lakeland FL 33805

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME DIRECTOR  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02

863-533-3136

Date

Daytime Phone #

CR2E037 (9/01)