

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000003020

1. Entity Name

ZETA IOTA SIGMA OF PHI BETA SIGMA, INC.

Principal Place of Business

3133 LAKEVIEW DRIVE
DELRAY BEACH FL 33445

Mailing Address

POST OFFICE BOX 186
DELRAY BEACH FL 33447-0186

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

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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
NAME PD
STREET ADDRESS PRATT, GEORGE
CITY-ST-ZIP 3133 LAKEVIEW DRIVE
DELRAY BEACH FL 33445 ☐ Delete

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

TITLE
NAME V
STREET ADDRESS DENSON, JOHN
CITY-ST-ZIP 3133 LAKEVIEW DRIVE
DELRAY BEACH FL 33445 ☐ Delete

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

TITLE
NAME S
STREET ADDRESS SIMPSON, MORRIS
CITY-ST-ZIP 3133 LAKEVIEW DRIVE
DELRAY BEACH FL 33445 ☐ Delete

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

TITLE
NAME D
STREET ADDRESS GASKIN, EDDIE W
CITY-ST-ZIP 3133 LAKEVIEW DRIVE
DELRAY BEACH FL 33445 ☐ Delete

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

TITLE
NAME D
STREET ADDRESS SWOOPE, WILLIE
CITY-ST-ZIP 3133 LAKEVIEW DRIVE
DELRAY BEACH FL 33445 ☐ Delete

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

TITLE
NAME T
STREET ADDRESS WALKER, ORIS
CITY-ST-ZIP 3133 LAKEVIEW DRIVE
DELRAY BEACH FL 33445 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
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 emendations.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

5/27/2002

Daytime Phone #

561
233-5025