2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State
02-10-2002 90029 011 ****61.25

DOCUMENT # N01000004123

1. Entity Name

EPSILON SIGMA PHI, INC.

Principal Place of Business	Mailing Address
PO BOX 357340 GAINESVILLE FL 32635-7340	PO BOX 357340 GAINESVILLE FL 32635-7340

17876

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 52-6044675 — 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
COOK, LINDA D 2621 NW 29TH PLACE GAINESVILLE FL 32605	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	PD ☒ Delete	TITLE D	PRESIDENT ☐ Change ☒ Addition
NAME	LINDQUIST, JIM	NAME	FAY B. STRICKLER D
STREET ADDRESS	1515 COLLEGE AVE	STREET ADDRESS	PO Box 520 / 1238 County Welfare Rd
CITY-ST-ZIP	MANHATTAN KS 66502-2796	CITY-ST-ZIP	Leesport, PA 19533
TITLE	VD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	MCGEE, BONNIE D D	NAME	D
STREET ADDRESS	104 JACK K WILLIAMS ADMIN. BLDG	STREET ADDRESS	7101 TAMU
CITY-ST-ZIP	COLLEGE STATION TX 77843-7101	CITY-ST-ZIP	
TITLE	STD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COOK, LINDA D	NAME	
STREET ADDRESS	PO BOX 357340	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32635-7340	CITY-ST-ZIP	
TITLE	VD ☒ Delete	TITLE	VP ☐ Change ☒ Addition
NAME	SOILEAU, SALLY	NAME	Bob Ohlensehlen D
STREET ADDRESS	805 ST LOUIS STREET	STREET ADDRESS	246 3rd Ave East
CITY-ST-ZIP	BATON ROUGE LA 70802-7340	CITY-ST-ZIP	Twin Falls ID 83301
TITLE	VD ☒ Delete	TITLE	VP ☐ Change ☒ Addition
NAME	FERENZ, GRETCHEN S	NAME	James Hovland D
STREET ADDRESS	16 EAST 34TH ST, 8TH FLLOR	STREET ADDRESS	227 Admin/Ext Bldg
CITY-ST-ZIP	NEW YORK NY 10016	CITY-ST-ZIP	Fond Du Lac WI 54935
TITLE	VD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	MATHIS ROSS, JO ANN	NAME	
STREET ADDRESS	PO BOX 618	STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON UT 84025	CITY-ST-ZIP	

CR2E037 (9/01)

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: Linda D. Cook — SIGNATURE AND/OR CORPORATE SEAL — LINDA D. Cook Executive Director — 1/21/02 — (352) 378-6665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #