

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01749

1. Entity Name

PHI GAMMA, INC.

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90155 001 ****61.25

Principal Place of Business

14 FRATERNITY ROW
GAINESVILLE FL 32603

Mailing Address

8815 WESLEYAN ROAD
INDIANAPOLIS IN 46268

2. Principal Place of Business

8815 Wesleyan Road

3. Mailing Address

Suite, Apt. #, etc.

City & State

Indianapolis, IN

City & State

Zip

46268

Country

Zip

Country

4. FEI Number

43-0769468

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

LIDSKY, HOWARD

LAW OFFICES OF EILON KRUGMAN-KADI

824 E. UNIVERSITY AVENUE

GAINESVILLE FL 32601

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CBD
COHEN, PHILIP H
30 BEEKMAN PL., #7-C
NEW YORK NY 10022 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SINGER, BRUCE
6461 PINETREE DR.
MIAMI BEACH FL 33141 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
DUNN, SIDNEY N
8815 WESLEYAN RD.
INDIANAPOLIS IN 46268 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SCHERRER, A. EDWARD
701 EL BERRO
SAN CLEMENTE CA 92672 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STEIN, RICHARD
1669 MARSHALL DR.
DES PLAINES IL 60018 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

4/12/02

Date

317-876-1913

Daytime Phone #

CR2E037 (9/01)