200℃NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0200005456 SOUTHERN PROVINCE OF KAPPA ALPHA PSI FOUNDATION,



FILED
Jun 03, 2004 8:00 am
Secretary of State
06-03-2004 90001 038 ****70.00

320 S INDIAN RIVER DR 320 S INDIAN RIVER DR	INC.												
20 S ROUN MYER DR FF PIERCE R, 19498 2. PET ropal Place of Business Suite, Act. #, etc. Check Here is MAKING CHANGES Suite, Act. #, etc. Check Here is MAKING CHANGES 2. Pet country Zip Country S. Certificate of Slatus Easierd Sa.75 Additional Sa	Principal Place of Business Mailing Address												
Suite, Apt. 4, etc. City & State City & City & State City & City & State City & State City & C	320 S INDIAN RIVER DR 320 S			s indian river dr				a isani aann aank k	Lail ac iila ac ii))		
City & State Country Zp Country S. Certificate of Status Desired Status Desired Status Desired State Status Desired State Status Desired State State Status Desired State Address of New Registered Agamt Name Finner, JR., LINNES ESO. GARY, WILLIAMS, PARPINIT, RNNEY, LEWIS MCM 320 SINDIAN RIVER DR FFL 2D Code FFL 2D Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the delign one of registered agent and the representation of registered agent, or both, in the State of Florida. Lam familiar with, and accept the delign one of registered agent, or both, in the State of Florida. Lam familiar with, and accept the delign one of registered agent, or both, in the State of Florida. Lam familiar with, and accept the delign one of registered agent, or both, in the State of Florida. Lam familiar with, and accept the delign one of registered agent, or both, in the State of Florida. Lam familiar with, and accept the delign one of registered agent, or both, in the State of Florida. Lam familiar with, and accept the delign one of registered agent. FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 GENERAL SEPTEMBER S	2. Principal Pl	ace of Business	3. Ma	iling Address									
Zin Country Zip Country s. Certificate of Status Desired Ss. 75 Application Per Programmer Country St. Certificate of Status Desired Ss. 75 Application Per Programmer Country St. Certificate of Status Desired Season Per Programmer Country St. Certificate of Status Desired Season Per Programmer Country St. Certificate of Status Desired Season Per Programmer Country St. Certificate of Status Desired Season Per Programmer Country St. Certificate of Status Desired Season Per Programmer Country St. Certificate of Status Desired Season Per Programmer Country St. Certificate of Status Desired Season Per Programmer Country St. Certificate of Status Desired Season Per Programmer Country St. Certificate of Status Desired Season Per Programmer Country St. Certificate of Status Desired Season Per Programmer Country St. Certificate of Status Desired Season Per Programmer Country St. Certificate of Status Desired Season Per Programmer Country St. Certificate of Status Desired Appendix St. Certificate of Status Desired Appendix Per Programmer Country St. Certificate of Status Desired Appendix Per Programmer Country St. Certificate of Status Desired Appendix Per Programmer Country St. Certificate of Status Desired Appendix Per Programmer Country St. Certificate of Status Desired Appendix Per Programmer Country St. Certificate of Status Desired Appendix Per Programmer Country St. Certificate of Status Desired Appendix Per Programmer Country St. Certificate of Status Desired Appendix Per Programmer Country St. Certificate of Status Desired Appendix Per Programmer Country St. Certificate of Status Desired Appendix Per Programmer Country St. Certificate of Status Desired Appendix Per Programmer Country St. Certificate of Status Desired Appendix Per Programmer Country St. Certificate of Status Desired Appendix Per Programmer Country St. Certificate of Status Desired Appendix Per Programmer Country St. Certificate of Status Desired Appendix Per Programmer Country St. Certificate of Status Desired Appendix Per Programmer Country St.	Suite, Apt. #, etc.			uite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES							
Zip Country Zip Country S. Certificate of Status Desired S. \$7.5 Additional Property Seed of Status Desired Seed Status Desired Seed Seed Address of New Registered Agent	City & State			City & State			4. FEI Number						
FINNEY, JR., LINNES ESO. GARY, WILLIAMS, PARENTI, FINNEY, LEWIS MCM 30 SINOMAN RVER DR FT. PIERCE FL 34948 City City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both. In the State of Florida. I am familiar with, and accept the obligatoris of registered agent agent and liter agent and liter agent agent agent and liter agent ag	Zip Country			ip	Cou	intry	5. Certificate of Status Desired			\$8.75 Ad	8.75 Additional		
FINNEY, JR., LINNES ESO. GARY, WILLIAMS, PARENTI, FINNEY, LEWIS MCM 320 SINDIAN RIVER DR FT. PIEZE FL. 43448 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations in the state of Florida. I am familiar with, and accept the obligations in the obligations in the state of Florida. I am familiar with, and accept the obligations in the state of Florida. I am familiar with, and accept the obligations in the state of Florida. I am familiar with, and accept the obligations in the state of Florida. I am familiar with, and accept the obligations in the state of Florida. I am familiar with, and accept the obligations in the state of Florida. I am familiar with, and accept the obligations in the state of Florida. I am familiar with, and accept the obligation in the state of Florida. I am familiar w		6: Name and Address of Current	ed Agent								1		
GARY, WILLIAMS, PARENTI, FINNEY, LEWIS MCM \$20 SINDIAN RIVER DR FT-PIÈRCE FL 34948 8. The above named entity submits this sistement 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 Topic T			_ -			Name						1	
320 SINDIAN RIVER DR FT-PIERCE FL 34948 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the chiliquations of registered agent. SIGNATURE Signature, toped or private remote registered agent and atter applicable. Make Check Payable to Florida Department of State FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 9. Election Campaign Financing			Street Address			(P.O. Box Number is No	ot Acceptable)			•			
8. The above named entity submits his statement for the purpose of changing its 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 see if applicable. (NOTE Registered Agent algorithms required when reinstating) DATE	320 S INE	DIAN RIVER DR				~~ ` ~]-	
SIGNATURE FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 Provided a printed agent and the if application. After September 10, 2003, min will be \$236.25 Provided agent and the if application. 10. OFFICERS AND DIRECTIORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE DP EMANUEL, FRANK S DR. STREET ADDRESS 3024 ALTIMAR RD STREET ADDRESS 10. ACKSONVILLE FL 32216 TITLE DS FINNEY, JR., LINNES ESO. STREET ADDRESS CITY-ST-2P DORN, ST-2LUCIE-FL-34986 TITLE DR GRAYSON, JOHN STREET ADDRESS GRAYSON, JOHN STREET ADDRESS CITY-ST-2P TITLE D OPEIde TITLE D OPEIDER Addition TITLE D OPEIDER TITLE D	FT PIERCE FL 34948					City	City FL				Zip Code		
SIGNATURE FILE NOW: FEE IS \$61.25			r the pur	pose of changing its	registere	ed office or registe	ered agent, or both, in the	ne State of Flori	da. I am f	amiliar with,	and accept		
FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 After September 10, 2003, min will be \$236.25 After September 10, 2003, min will be \$236.25 Total Contribution. THE THE THE EMANUEL FRANK S DR. STREET ADDRESS OCTY-ST-2P JACKSONVILLE FL 32216 THE DS TITLE TIT	the obligati	ions of registered agent.											
FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 After September 10, 2003, min will be \$236.25 After September 10, 2003, min will be \$236.25 Total Contribution. THE THE THE EMANUEL FRANK S DR. STREET ADDRESS OCTY-ST-2P JACKSONVILLE FL 32216 THE DS TITLE TIT	SIGNIATURE												
After September 10, 2003, min will be \$236.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS IN 10 TITLE DP EMANUEL, FRANK S DR. Delate STREET ADDRESS CITY-ST-ZIP TITLE DS DS DELATE OFFICERS AND DIRECTORS IN 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 CITY-ST-ZIP TITLE DS DS DELATION OFFICERS AND DIRECTORS IN 10 CITY-ST-ZIP TITLE DS STREET ADDRESS STREET A		Signature, typed or printed name of registered agent	and title if ap	opticable. (NOTE	: Registere	d Agent signature require	ed when reinstating)		DATE				
TITLE													
TITLE		OFFICE POLICE			■ ää		A DESITIONIO /OLIANIO E	0. TO OFFICER	O AND DIE	EOTODO I	140	1	
NAME STREET ADDRESS CITY-ST-ZIP TITLE D CRAYSON, JOHN G46 MAN-O-WAR TRAIL GRAYSON, JOHN G46 MAN-O-WAR TRAIL TALLAHASSEE-FL-32308 CITY-ST-ZIP TITLE D NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NORTHPORT AL 35473 CITY-ST-ZIP TITLE D D D TITLE NAME STREET ADDRESS CITY-ST-ZIP NORTHPORT AL 36001-0671 TITLE NAME STREET ADDRESS CITY-ST-ZIP NOBILE AL 36601-0671 TITLE D D D D Change Addition NAME STREET ADDRESS CITY-ST-ZIP NOBILE AL 36601-0671 TITLE NAME STREET ADDRESS CITY-ST-ZIP NOBILE AL 36601-0671 TITLE NAME STREET ADDRESS CITY-ST-ZIP NOBILE AL 36603-3455 CITY-ST-ZIP NOBILE AL 33605-3455 CITY-ST-ZIP NOBILE AL 33605-3455			RECTOR		_	· ·	ADDITIONS/CHANGE	S TO OFFICER	S AND DIF			٤	
CITY-ST-ZIP		·		□ Délete		l l				☐ Change	Addition	15	
TITLE NAME FINNEY, JR., LINNES ESQ. 10960 PINE CREEK LN STREET ADDRESS COLYST-2P PORTI-ST:-LUCIE;FL:34986 STREET ADDRESS COLYS-ST-2P TITLE OT TITLE OT TITLE OT TITLE OT TITLE OT TALLAHASSEE-FL:32308 CITY-ST-2IP TALLAHASSEE-FL:32308 CITY-ST-2IP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	STREET ADDRESS	8024 ALTIMA RD			STRE	ET ADDRESS						5	
NAME STREET ADDRESS 10960 PINE CREEK LIN STREET ADDRESS 20TY_ST_2PP PORTL, ST_ILL/CIE.FL_34936 TITLE OT GRAYSON, JOHN STREET ADDRESS CITY_ST_ZIP TALLAHASSEE.FL 32308 CITY_ST_ZIP TITLE D RANGE, RONALD STREET ADDRESS CITY_ST_ZIP TITLE NAME RANGE, RONALD STREET ADDRESS CITY_ST_ZIP TITLE NAME RANGE, RONALD STREET ADDRESS CITY_ST_ZIP TITLE NAME STREET ADDRESS CITY_ST_ZIP TITLE NAME NAME STREET ADDRESS CITY_ST_ZIP TITLE NAME STREET ADDRESS CITY_ST_ZIP TITLE NAME ALTICE, RALPH PO BOX 671 MOBILE AL 36601-0671 TITLE NAME STREET ADDRESS CITY_ST_ZIP NORTHPORT AL 35473 D Delete NAME STREET ADDRESS CITY_ST_ZIP NOBILE AL 36601-0671 STREET ADDRESS CITY_ST_ZIP NAME STREET ADDRESS STREET ADDRESS CITY_ST_ZIP NOBILE AL 36601-0671 STREET ADDRESS CITY_ST_ZIP NAME STREET ADDRESS STREET ADDRESS CITY_ST_ZIP NAME STREET ADDRESS STREET ADDRESS CITY_ST_ZIP NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY_ST_ZIP NAME STREET ADDRESS STREET ADDRESS CITY_ST_ZIP NAME STREET ADDRESS STREET ADDRESS CITY_ST_ZIP NAME STREET ADDRESS STREET ADDRESS CITY_ST_ZIP NAME	CITY-ST-ZIP				CITY	-ST-ZIP						ì	
STREET ADDRESS 10960 PINE CREEK LN STREET ADDRESS SCHTY-ST-ZIP PORTL-ST-LUCIE-FL-34986 SCHTY-ST-ZIP PORTL-ST-LUCIE-FL-34986 SCHTY-ST-ZIP PORTL-ST-LUCIE-FL-34986 SCHTY-ST-ZIP PORTL-ST-ZIP POR	TITLE			☐ Delete	TITLE					☐ Change	☐ Addition	2	
TITLE						- 1						Ì	
TITLE NAME STREET ADDRESS	-				B							. =	
NAME STREET ADDRESS				□ Delete						☐ Change	Addition	1	
- CITY-ST-ZIP - TALLAHASSEE-FL-32308 - CITY-ST-ZIP - CITY-				CT Delete		1				onlingo	, naomon		
TITLE NAME RANGE, RONALD Delete NAME STREET ADDRESS CITY-ST-ZIP NORTHPORT AL 35473 TITLE NAME ALTICE, RALPH PO BOX 671 STREET ADDRESS CITY-ST-ZIP MOBILE AL 36601-0671 TITLE D Delete TITLE NAME REED, KEFLYN DR. STREET ADDRESS CITY-ST-ZIP MOBILE AL 33605-3455 CITY-ST-ZIP MOBILE AL 33605-3455 TITLE NAME STREET ADDRESS CITY-ST-ZIP MOBILE AL 33605-3455 CITY-ST-ZIP MOBILE AL 33605-3455	STREET ADDRESS				STRE	ET ADDRESS							
NAME STREET ADDRESS CITY-ST-ZIP NORTHPORT AL 35473 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME REED, KEFLYN DR. STREET ADDRESS CITY-ST-ZIP MOBILE AL 33605-3455 CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NOBILE AL 33605-3455	- CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	CITY	- ST-ZIP-						: -	
STREET ADDRESS CITY-ST-ZIP NORTHPORT AL 35473 TITLE NAME ALTICE, RALPH PO BOX 671 MOBILE AL 36601-0671 TITLE NAME REED, KEFLYN DR. STREET ADDRESS CITY-ST-ZIP MOBILE AL 33605-3455 STREET ADDRESS CITY-ST-ZIP		_		☐ Delete						☐ Change	Addition		
CITY-ST-ZIP NORTHPORT AL 35473						l.							
NAME ALTICE, RALPH NAME NAME STREET ADDRESS CITY-ST-ZIP MOBILE AL 33605-3455 CITY-ST-ZIP MOBILE AL 33605-3455 TITLE D						i						l	
NAME STREET ADDRESS CITY-ST-ZIP MOBILE AL 36601-0671	TITI F			☐ Delete	TITI	: -				☐ Change	☐ Addition	1	
CITY-ST-ZIP MOBILE AL 36601-0671 CITY-ST-ZIP TITLE D Delete TITLE NAME REED, KEFLYN DR. NAME STREET ADDRESS 2381 WILLOWDALE ST STREET ADDRESS CITY-ST-ZIP MOBILE AL 33605-3455 CITY-ST-ZIP		ALTICE, RALPH		13 50,000		ı					_		
TITLE D Delete TITLE Change Addition NAME REED, KEFLYN DR. STREET ADDRESS 2381 WILLOWDALE ST STREET ADDRESS CITY-ST-ZIP MOBILE AL 33605-3455 CITY-ST-ZIP	STREET ADDRESS				STRE	ET ADDRESS							
NAME REED, KEFLYN DR. NAME STREET ADDRESS CITY-ST-ZIP MOBILE AL 33605-3455 NAME STREET ADDRESS CITY-ST-ZIP	City-St-ZiP				CITY	-ST-ZIP						-	
STREET ADDRESS CITY-ST-ZIP		1 -		☐ Delete	1					☐ Change	☐ Addition		
CITY-ST-ZIP MOBILE AL 33605-3455 CITY-ST-ZIP													
						I							
			n this filing	a does not qualify for			Section 119.07(3)(i). Flo	rida Statutes 11	further cer	ify that the	information	1	

stee empowered to execute this report as required by Chapter 617, Florida Statutes; and that naddress, with all other like empowered. of the corporation or the receiver or trustee changed, or on an attachment with a add

SIGNATURE: