

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90066 012 ****61.25

DOCUMENT # N02000008753

1. Entity Name

PI LAMBDA PHI HOUSING CORPORATION OF TALLAHASSEE



Principal Place of Business

**2225 AMELIA CIR
TALLAHASSEE FL 32304**

Mailing Address

**2225 AMELIA CIR
TALLAHASSEE FL 32304**

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

20-0081501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KOELEMIJ, KEVIN J
2225 AMELIA CIR
TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **SFUGARAS, DREW**
STREET ADDRESS **905 SUMMIT DR N**
CITY-ST-ZIP **ATLANTA GA 30324**

TITLE **DV** ☐ Delete
NAME **RUSSO, GIOVANNI**
STREET ADDRESS **931 VILLAGE BLVD STE 905229**
CITY-ST-ZIP **W PALM BCH FL 33409**

TITLE **DV** ☐ Delete
NAME **COHEN, LEE P**
STREET ADDRESS **520 SE 5TH AVE STE 2311**
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE **DT** ☐ Delete
NAME **DONATO, KORY**
STREET ADDRESS **8143 NW 14TH ST**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **DS** ☒ Delete
NAME **KITCHEN, LEVI**
STREET ADDRESS **1848 INY LN STE 15**
CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

DS Gregory M. Esarra ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Executive V.P.
Kevin J. Koelermij
2225 Amelia Circle
Tallahassee, FL 32304** ☐ Change ☒ Addition

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: **Kevin J. Koelermij** **Executive V.P.** **7/29/03** **383.1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)