

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12720

1. Entity Name

RHO PHI LAMBDA, INC.

Principal Place of Business

Mailing Address

~~2345 INDIAN SPRINGS CT~~
TALLAHASSEE FL 32303
US

~~2345 INDIAN SPRINGS CT~~
TALLAHASSEE FL 32303
US

2. Principal Place of Business

2002 Indian Springs Court

Suite, Apt. #, etc.

3. Mailing Address

2002 Indian Springs Court

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32303

Country

USA

City & State

Tallahassee, FL

Zip

32303

Country

USA

4. FEI Number

59-2848560

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEELER, CHERYL S

~~2345 INDIAN SPRINGS CT~~
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2002 Indian Springs Court

City

Tallahassee

FL

Zip Code

32303

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

CHERYL BEELER

Cheryl Beeler

02/01/02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YODER, DANIEL DR. 400 CURRENS HALL MACOMB IL 61455	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRATER, JOEL DR 350 NEW CAMPUS DRIVE BROCKPORT NY 14420-2976	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEELER, CHERYL 2345 INDIAN SPRINGS COURT TALLAHASSEE FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same 2002 INDIAN SPRINGS COURT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

S Cheryl Beeler CHERYL BEELER

02/01/02

(850) 644-5412

80028888



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)