

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N21949**

1. Entity Name

GREATER MIAMI KAPPA SIGMA ALUMNI ASSOCIATION, IN**FILED**
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90361 005 ****61.25

Principal Place of Business

1320 TIDAL POINTE BLVD
JUPITER FL 33477
US

Mailing Address

1320 TIDAL POINTE BLVD
JUPITER FL 33477-9072
US

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

65-0004233

Applied For

Not Applied

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

LUDOVICI, EDWARD P.
17047 SO DIXIE HWY
MIAMI FL 33157

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 \$61.259. 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
DP
PICKERING, THEODORE H. JR
1320 TIDAL POINTE BLVD
JUPITER FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
VALERIANI, NICHOLAS P.
3515 GLENCOE ST.
MIAMI FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
PEREIRA, EDDY SR
10375 SW 25TH ST
MIAMI FL 33165 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BENEFIELD, HARVEY
1261 ALGARDI AVE
CORAL GABLES FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CALLANDER, RALPH
4920 S.W. 76TH ST.
MIAMI FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FLYNNE THOMAS E
251 BUTTONWOOD DRIVE
KEY BISCAYNE FL 33149 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

THEODORE H. PICKERING, JR 1-19-00 561-775-3117