# 2001 UNIFORM BUSINESS REPORT (UBR)

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**FILED**
**Mar 05, 2001 8:00 am**
**Secretary of State**
02-01-2001 90147 014 ****61.25

DOCUMENT # N40865

1. Entity Name

OMEGA PSI PHI FRATERNITY, ETA NU CHAPTER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P O BOX 547<br>POMPANO BEACH FL 33061 | P O BOX 547<br>POMPANO BEACH FL 33061 |

DO NOT WRITE IN THIS SPACE

| 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 23-7065922 ☐ 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 |
|---|---|
| WIMBERLY, JOHN<br>3221 N.W. 5TH STREET<br>FT LAUDERDALE FL 33311 | Name Melvin Davis<br>Street Address (P.O. Box Number is Not Acceptable) 2430 NW 9 Street<br>City Ft. Lauderdale **FL** Zip Code 33311 |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 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 | D<br>WIMBERLY, JOHN<br>3221 N.W. 5TH STREET<br>FT LAUDERDALE FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Basileus D<br>Melvin Davis<br>2430 NW 9 Street<br>Ft. Lauderdale, Fl 33311 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PATTON, PHILLIP<br>4043 N.W. 16TH STREET<br>FT LAUDERDALE FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Keeper of Records & Seals D<br>Antonia Womack<br>10157 Serene Meadow Drive<br>Boca Raton, Fl 33428 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SMITH, JOSEPH A.<br>1501 N.W. 3RD WAY<br>POMPANO BEACH FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Ulysses Warren, Jr<br>10570 NW 24 Ct<br>Sunrise, Fl 33322 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ 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 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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:** Ulysses Warren Jr. Ulysses Warren, Jr. 1-29-01 (954) 572-5046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #