

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

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90087 023 ****61.25

DOCUMENT # N44418

1. Entity Name
U.C.F. PHI GAMMA DELTA HOUSE CORPORATION



Principal Place of Business

**12095 DESCARTES CT.
#5
ORLANDO FL 32826**

Mailing Address

**1214 SWAN ST.
WINTER SPRINGS FL 32708**

90019474



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3177512**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TAKACS, JEFFREY M
853 BALLARD STREET, #H
ALTAMONTE SPRINGS FL 32701**

Name **PAUL, BRADLEY B.**

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

1214 SWAN ST.

City **WINTER SPRINGS**

FL

Zip Code **32708**

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]

2/1/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **PAUL, BRAD**
STREET ADDRESS **1214 SWAN ST**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **TD** ☒ Change ☐ Addition
NAME **PAUL, BRADLEY B.**
STREET ADDRESS **1214 SWAN ST.**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **TD** ☒ Delete
NAME **LESKO, JASON**
STREET ADDRESS **1728 BOBTIL DR.**
CITY-ST-ZIP **MAITLAND FL 32810**

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

TITLE **SD** ☐ Delete
NAME **LEDDY, TIM**
STREET ADDRESS **2723 DELCREST DR.**
CITY-ST-ZIP **ORLANDO FL 32817**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Change ☒ Addition
NAME **UNDERWOOD, DAVID**
STREET ADDRESS **9291 TELFER RUN**
CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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]

2/1/03

407-484-1291

CR2E037 (10/02)