

2002 UNIFORM BUSINESS REPORT (UBR)

4/1/0

FILED
May 24, 2002 8:00 am
Secretary of State

04-01-2002 90037 009 ****61.25

DOCUMENT # N45545

1. Entity Name

THETA PHI ALPHA, INC.

Principal Place of Business

FLORIDA ATLANTIC UNIVERSITY
 DEAN OF STUDENT AFFAIRS OFFICE
 BOCA RATON FL 33431

Mailing Address

FLORIDA ATLANTIC UNIVERSITY
 DEAN OF STUDENT AFFAIRS OFFICE
 BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0284010

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

Name

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

City

FL

Zip Code

MCLAREN, REBECCA DIXON
9833 SW 221ST ST
MIAMI FL 33190

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 \$61.25

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	DC	<input type="checkbox"/> Delete
NAME	MCLAREN, REBECCA D	
STREET ADDRESS	FAU DEAN OF STUDENT AFFAIRS	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	COURTNEY, ROSS	
STREET ADDRESS	FAU, DEAN OF STUDENT AFFAIRS OFFICE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	MIANO, JENNIFER	
STREET ADDRESS	8557 BOCA RIO DR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	ST & D	<input type="checkbox"/> Delete
NAME	CASTO, KELLY	
STREET ADDRESS	FAU DEAN OF STUDENT AFFAIRS OFFICE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JAMIE, GARY D	
STREET ADDRESS	FAU DEAN OF STUDENT AFFAIRS OFFICE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

KOURNATOREC50101010
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/02 1954/427-8503

Date

Daytime Phone #

CR2E037 (9/01)