

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N50944**1. Entity Name
XI DELTA ALUMNI ASSOCIATION OF CHI PHI, INC.Principal Place of Business
3850 BEECHGROVE RD
MELBOURNE FL 32934
USMailing Address
3850 BEECHGROVE ROAD
MELBOURNE FL 32934
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
59-3192180Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**HANDA SUNDEEP
3850 BEECHGROVE ROADMELBOURNE FL 32934
US

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 **SUNDEEP HANDA****05/01/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
D	DIOLOSA DAN	3850 BEECHGROVE ROAD	MELBOURNE FL 32934	☐
SD	DICARLO DOUGLAS	8850 BEECH GROVE RD	MELBOURNE FL	☐
PD	ZEBULSKE TODD	3850 BEECH GROVE RD	MELBOURNE FL 32934	☐
VD	KELLEY MIKE	3850 BEECHGROVE RD	MELBOURNE FL	☐
T	TAYLOR JASON	201 INTERNATIONAL DRIVE #511	CAPE CANAVERAL FL 32920	☐
				☐

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Todd Zebulskie

PD

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)