

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001683

1. Entity Name

CHI PHI FRATERNITY-DELTA ZETA ALUMNI ASSOCIATION

Principal Place of Business

13207 N 22ND T
TAMPA FL 33612
US

Mailing Address

MICHAEL S GRAFSTROM
15806 WHEATFIELD PLACE
TAMPA FL 33624-1555
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

59-3187203

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

GRAFSTROM, MICHAEL S
15806 WHEATFIELD PL
TAMPA FL 33624

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 \$61.25

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 PD ☐ Delete
NAME HARFF, BRIAN
STREET ADDRESS 14501 RAVEN BROOKE #419
CITY-ST-ZIP TAMPA FL 33613

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

TITLE V ☒ Delete
NAME D'URSO, JEFFREY L
STREET ADDRESS 43649TH AVE N.
CITY-ST-ZIP PINELLAS PARK FL 34665

TITLE V ☒ Change ☐ Addition
NAME DeJongh, Jon
STREET ADDRESS 15008 ROCKY LEDGE DRIVE
CITY-ST-ZIP TAMPA, FL 33625

TITLE S ☒ Delete
NAME HARPER, MICHAEL
STREET ADDRESS 14240 N. 42ND ST. #2806
CITY-ST-ZIP TAMPA FL 33613

TITLE S ☒ Change ☐ Addition
NAME SANIDAS, TOM
STREET ADDRESS 14535 BRUCE B. DOWNS BLVD #2221
CITY-ST-ZIP TAMPA, FL. 33613

TITLE TD ☐ Delete
NAME GRAFSTROM, MICHAEL S
STREET ADDRESS 15806 WHEATFIELD PLACE
CITY-ST-ZIP TAMPA FL 33624

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

TITLE D ☐ Delete
NAME WOODWARD, RUSSELL W
STREET ADDRESS 5719 PINEY LANE DR
CITY-ST-ZIP TAMPA FL 33625

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☒ Addition
NAME ☐ Change ☒ Addition
STREET ADDRESS ☐ Change ☒ Addition
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)(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] MICHAEL S. GRAFSTROM 4/24/00 813-962-2307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)