

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001683

1. Entity Name

CHI PHI FRATERNITY-DELTA ZETA ALUMNI ASSOCIATION

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90043 030 ****61.25

628170



DO NOT WRITE IN THIS SPACE

Principal Place of Business 13207 N 22ND T TAMPA FL 33612 US	Mailing Address MICHAEL S GRAFSTROM 15806 WHEATFIELD PLACE TAMPA FL 33624 US
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2. Principal Place of Business	3. Mailing Address MICHAEL (NO 11)
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3187203	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRAFSTROM, MICHAEL S 15806 WHEATFIELD PL TAMPA FL 33624
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARFF, BRIAN 14501 RAVEN BROOKE #419 TAMPA FL 33613 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEJONGH, JON 15008 ROCKY LEDGW DR TAMPA FL 33625 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANIDAS, TOM 14535 BRUCE B. DOWND BLVD 2221 TAMPA FL 33613 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAFSTROM, MICHAEL S 15806 WHEATFIELD PLACE TAMPA FL 33624 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODWARD, RUSSELL W 5719 PINEY LANE DR TAMPA FL 33625 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MATT BRADARICH 1128 CRIMSON CLOVER LANE WESLEY CHAPEL, FL 33543 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JON DEJONGH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JEFF WEST 29248 CROSSLAND DRIVE WESLEY CHAPEL, FL 33543 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DZAA TREASURER	2/22/01	813-962-2307
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CR2E037 (10/00)