

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91622 023 \*\*\*\*61.25

**DOCUMENT # N93000001683**

1. Entity Name

**CHI PHI FRATERNITY-DELTA ZETA ALUMNI ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

13207 N 22ND T  
 TAMPA FL 33612  
 US

MICHAEL S GRAFSTROM  
 15806 WHEATFIELD PLACE  
 TAMPA FL 33624  
 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 VP  
 NAME BRADARICH, MATT  
 STREET ADDRESS 1128 CRIMSON CLOVER LANE  
 CITY-ST-ZIP WESLEY CHAPEL FL 33543 ☐ Delete

TITLE SECRETARY  
 NAME MATT BRADARICH  
 STREET ADDRESS 1128 CRIMSON CLOVER LANE  
 CITY-ST-ZIP WESLEY CHAPEL, FL. 33543 ☒ Change ☐ Addition

TITLE P  
 NAME DEJONGH, JON  
 STREET ADDRESS 15008 ROCKY LEDGW DR  
 CITY-ST-ZIP TAMPA FL 33625 ☒ Delete

TITLE PRESIDENT  
 NAME PAUL FEDERMAN  
 STREET ADDRESS 6016 B LAKETREE LANE  
 CITY-ST-ZIP TAMPA, FL 33617 ☐ Change ☒ Addition

TITLE S  
 NAME SANIDAS, TOM  
 STREET ADDRESS 14535 BRUCE B. DOWND BLVD 2221  
 CITY-ST-ZIP TAMPA FL 33613 ☒ Delete

TITLE VP  
 NAME ALEX ROSS  
 STREET ADDRESS 804 STRAW LAKE DRIVE  
 CITY-ST-ZIP BRANDON, FL. 33510 ☐ Change ☒ Addition

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

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

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

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

TITLE D  
 NAME WEST, JEFF  
 STREET ADDRESS 29248 CROSSLAND DRIVE  
 CITY-ST-ZIP WESLEY CHAPEL FL 33543 ☐ Delete

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)(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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-02 727-579-5043

CR2E037 (9/01)