

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90220 029 ****61.25

DOCUMENT # N93000001683

1. Entity Name

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



Principal Place of Business

**13207 N 22ND T
TAMPA FL 33612
US**

Mailing Address

**MICHAEL S GRAFSTROM
15806 WHEATFIELD PLACE
TAMPA FL 33624
US**

2. Principal Place of Business

15806 WHEATFIELD PL.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

Zip

33624

Country

USA

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

**GRAFSTROM, MICHAEL S
15806 WHEATFIELD PL
TAMPA FL 33624**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BRADARICH, MATT	
STREET ADDRESS	1128 CRIMSON CLOVER LANE	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE	P	<input type="checkbox"/> Delete
NAME	FEDERMAN, PAUL	
STREET ADDRESS	6016 B LAKETREE LANE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROSS, ALEX	
STREET ADDRESS	804 STRAW LAKE DRIVE	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GRAFSTROM, MICHAEL S	
STREET ADDRESS	15806 WHEATFIELD PLACE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODWARD, RUSSELL W	
STREET ADDRESS	5719 PINEY LANE DR	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEST, JEFF	
STREET ADDRESS	29248 CROSSLAND DRIVE	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRAVIS RIVERS HOPKINS	
STREET ADDRESS	100 4TH AVENUE SOUTH, #223	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33701	
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	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAFSTROM, MICHAEL S	
STREET ADDRESS	15806 WHEATFIELD PLACE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAWN CERRA	
STREET ADDRESS	1981 OAKMONT TERRACE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	

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
MICHAEL S. GRAFSTROM

2-11-03

727-579-5043

CR2E037 (10/02)