

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90018 050 \*\*\*\*61.25

**DOCUMENT # N93000005265**

1. Entity Name

**KAPPA ALPHA PSI FOUNDATION, INC.**

Principal Place of Business

Mailing Address

2185 NW 19TH ST  
 707 N.W. 22ND ROAD  
 FT LAUDERDALE FL 33311  
 US

2185 NW 19TH ST  
 5208 N.W. 67TH AVE.  
 LAUDERHILL FL 33319-7226  
 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

**65-0474137**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**BRAYNON, RONALD J**  
**5208 NW 67TH AVE**  
**SUITE 105**  
**LAUDERHILL FL 33319**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	BRAYNON, R. JR.	5208 NW 67TH AVE	FORT LAUDERDALE FL	<input type="checkbox"/>
D	DALLAS, JAMES	3870 NW 6TH CT	FT LAUDERDALE FL 33311	<input type="checkbox"/>
S	SWORN, SAMUEL	1508 NW 3RD WAY	POMPANO BEACH FL 33060	<input type="checkbox"/>
P	KOLO, JERRY	220 S.E. 2ND AVE.	FORT LAUDERDALE FL 33301	<input type="checkbox"/>
VP	HUMPHRIES, THORNTON	2071 N.W. 30TH TERRACE	FT LAUDERDALE FL 33311	<input type="checkbox"/>
D	SCRUGGS, FRANK	4410 NW 12TH CT	LAUDERHILL FL 33313	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 filed in accordance with the filing rules.

SIGNATURE:

*Ronald W. Braynon Jr.*  
**Ronald W. Braynon Jr.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/26/2000*  
 DATE  
*(954) 749-9835*  
 Daytime Phone #