

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90053 038 ****61.25

DOCUMENT # N95000004796

1. Entity Name

DELTA RHO ENDOWMENT FUND, INC.

Principal Place of Business

Mailing Address

10717 SW 104TH ST.
 MIAMI FL 33176

CHANGE!!

10717 SW 104TH ST.
 MIAMI FL 33176-8162

10711 S W 104 STREET

2. Principal Place of Business

10711 S W 104 Street

3. Mailing Address

10711 S W 104 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0617974

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUDOVICI, EDWARD P ESQ.
17415 S. DIXIE HWY.
MIAMI FL 33157-5434

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 **D** ☐ Delete
 NAME **NACCARATO, NAT D**
 STREET ADDRESS **10717 SW 104TH ST.**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☒ Change ☐ Addition
 NAME **10711 S W 104 Street**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BIERLEY, JOHN C**
 STREET ADDRESS **111 E. MADISON ST., STE. 2200**
 CITY-ST-ZIP **TAMPA FL 33602**

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

TITLE **D** ☐ Delete
 NAME **BROWN, III, REED B**
 STREET ADDRESS **7915 SW 42 TER.**
 CITY-ST-ZIP **GAINESVILLE FL 32698**

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

TITLE **D** ☐ Delete
 NAME **CHRISTOFF, STEVEN M**
 STREET ADDRESS **3621 SW 7 AVE.**
 CITY-ST-ZIP **OCALA FL 32874**

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

TITLE **D** ☐ Delete
 NAME **GRAPER, CHARLES E**
 STREET ADDRESS **832 NW 57 ST.**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

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

TITLE **D** ☐ Delete
 NAME **JACKSON, C. MICHAEL**
 STREET ADDRESS **1281 CALOOSA DR.**
 CITY-ST-ZIP **FT. MYERS FL 33901**

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

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

4-28-2000

(305) 598-2276

Date

Daytime Phone #

CR2E037 (9/99)