

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90009 020 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # **N96000000883**

1. Entity Name

Delta Psi Housing Corporation of Phi Sigma Sigma (P)

Principal Place of Business

Mailing Address

c/o Jennifer M. Crofford
11000 University Pkwy.
Phi Sigma Sigma Dorm
Pensacola, FL 32514
US.

3904 India Cove
Gulf Breeze, FL 32561
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

59-3295088

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

Mitchell, William R.
9th floor Sun Trust Tower
220 W. Garden St.
Pensacola, FL 32501

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 **President** ☐ Delete
NAME **Jennifer Crofford**
STREET ADDRESS **3904 India Cove**
CITY-ST-ZIP **Gulf Breeze, FL 32561**

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

TITLE **Vice-President** ☐ Delete
NAME **Mitchell, Laura**
STREET ADDRESS **3148 Birdseye Cir.**
CITY-ST-ZIP **Gulf Breeze, FL 32561**

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Michele Gemak**
STREET ADDRESS **2299 Scenic Highway #113**
CITY-ST-ZIP **Pensacola, FL 32503**

TITLE **Boone, Melanie** ☒ Delete
NAME **P.O. Box 135**
STREET ADDRESS **Sykesville, MD**
CITY-ST-ZIP **Director of Housing**

TITLE **Director of Housing** ☒ Change ☐ Addition
NAME **Darcy Burke**
STREET ADDRESS **16147 SW Palermo Lane**
CITY-ST-ZIP **Tigard, OR 97223**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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: **Jennifer M. Crofford** / **Jennifer M. Crofford**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(850) 637-4880

Daytime Phone #

CR2E037 (9/99)