

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N97000002943****1. Entity Name**

XI DELTA SCHOLARSHIP FOUNDATION OF CHI PHI, INC.

**Principal Place of Business**

3850 BEECHGROVE ROAD

MELBOURNE

32934

FL

**Mailing Address**

3850 BEECHGROVE ROAD

MELBOURNE

32934

FL

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****59-3472962**

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**HANDA SUNDEEP  
3850 BEECHGROVE ROAD

MELBOURNE

32934

FL

**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.

SIGNATURE **SUNDEEP HANDA****05/01/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	DAVIS DAVID F	3850 BEECH GROVE RD	FL 32934	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	WHITE, JR JAMES E	3850 BEECH GROVE RD	FL 32934	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TD	EVELAND JOHN ATHON	1605 COLUMBIA PINES LANE #1807	FL 33511	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	BLAKER SPENCER M	3850 BEECHGROVE ROAD	FL 32934	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	HANDA SUNDEEP	3850 BEECHGROVE ROAD	FL 32934	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Todd Zebulke**

PD

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)