

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000002943

FILED  
Apr 29, 2003  
Secretary of State

Entity Name: XI DELTA SCHOLARSHIP FOUNDATION OF CHI PHI, INC.

## Current Principal Place of Business:

3850 BEECHGROVE ROAD  
MELBOURNE, FL 32934

## New Principal Place of Business:

## Current Mailing Address:

3850 BEECHGROVE ROAD  
MELBOURNE, FL 32934

## New Mailing Address:

FEI Number: 59-3472962

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HANDA, SUNDEEP  
3850 BEECHGROVE ROAD  
MELBOURNE, FL 32934

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: HANDA, SUNDEEP  
Address: 3850 BEECHGROVE ROAD  
City-St-Zip: MELBOURNE, FL 32934

Title: D ( ) Delete  
Name: BLAKER, SPENCER M  
Address: 3850 BEECHGROVE ROAD  
City-St-Zip: MELBOURNE, FL 32934

Title: TD ( ) Delete  
Name: EVELAND, JOHN ATHON  
Address: 1605 COLUMBIA PINES LANE #1807  
City-St-Zip: BRANDON, FL 33511

Title: D ( ) Delete  
Name: WHITE, JR, JAMES E  
Address: 3850 BEECH GROVE RD  
City-St-Zip: MELBOURNE, FL 32934

Title: D ( ) Delete  
Name: DAVIS, DAVID F  
Address: 3850 BEECH GROVE RD  
City-St-Zip: MELBOURNE, FL 32934

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUNDEEP HANDA

PD

04/29/2003

Electronic Signature of Signing Officer or Director

Date