

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90215 031 ****70.00

DOCUMENT # N97000004392

1. Entity Name

CHI OMEGA CHAPTER OF OMEGA PSI PHI FRATERNITY, I

Principal Place of Business

Mailing Address

P O BOX 6087
 TALLAHASSEE FL 32314-6087

P O BOX 6087
 TALLAHASSEE FL 32314-6087

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0093833

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MCROY, JAMES E SR
1160 CORBY COURT EAST
TALLAHASSEE FL 32311-8160

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 **PD** Delete
 NAME **JENKINS, C TERRELL**
 STREET ADDRESS **1614 TWIN LAKES CIR**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **CRAWFORD, CEDRIC E**
 STREET ADDRESS **1701 RODEO DR**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **MUSGRAY, JOE**
 STREET ADDRESS **1412 COLEMAN ST**
 CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE Change Addition
 NAME **SD McRoy, James E, Sr.**
 STREET ADDRESS **1160 Corby Ct. E**
 CITY-ST-ZIP **Tallahassee, FL 32311**

TITLE **TD** Delete
 NAME **JONES, A LANIER**
 STREET ADDRESS **2928 EDENDERRY DR**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MCROY, JAMES E SR**
 STREET ADDRESS **1160 CORBY CT E**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE Change Addition
 NAME **D Gilchrist, James L.**
 STREET ADDRESS **2103 Olivia Dr.**
 CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

James E. McRoy **REQUA Lanier Jones** 4/28/00 850/893-3587
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #