

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90232 048 ****61.25

DOCUMENT # N98000001482

1. Entity Name

THE GRADUATE ASSOCIATION OF PHI GAMMA DELTA AT F

Principal Place of Business

928 S.W. TENTH STREET
 MIAMI FL 33130

Mailing Address

PO BOX 013579
 MIAMI FL 33101

2. Principal Place of Business

Esslinger Wooten

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6240 SW 68 Avenue

6240 SW 68 Avenue

City & State

South Miami, FL

City & State

South Miami, FL

Zip
33143

Country
USA

Zip
33143

Country
USA

4. FEI Number

65-0689397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FRANKEL, JED L
 4000 HOLLYWOOD BLVD. #265-SOUTH
 HOLLYWOOD 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

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

TITLE **PD** ☒ Delete
 NAME **DUNNE, PETER**
 STREET ADDRESS **928 SW 10TH STREET**
 CITY-ST-ZIP **MIAMI FL 33130**

TITLE **VD** ☒ Delete
 NAME **CASO, PHIL**
 STREET ADDRESS **300 ARTHUR GODFREY RD., #201**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **TD** ☒ Delete
 NAME **GABRIEL, JOHN**
 STREET ADDRESS **1 S.E. 3RD AVE., 10TH FLOOR**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **SD** ☐ Delete
 NAME **FRANKEL, JED**
 STREET ADDRESS **4000 HOLLYWOOD BLVD., 265 SOUTH**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
 NAME **SHUFFIELD, RON**
 STREET ADDRESS **6240 SW 68 AVENUE**
 CITY-ST-ZIP **SOUTH MIAMI, FL 33143**

TITLE **V/D** ☐ Change ☒ Addition
 NAME **MORTON, DAVID**
 STREET ADDRESS **4444 SW 71 ST, #103**
 CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **T/D** ☐ Change ☒ Addition
 NAME **WALLACE, JOHN**
 STREET ADDRESS **ONE HERALD PLAZA, #411N**
 CITY-ST-ZIP **MIAMI, FL 33132**

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

TITLE **D** ☐ Change ☒ Addition
 NAME **LONDON, R. KIRK**
 STREET ADDRESS **255 ALHAMBRA CIRCLE, #820**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **D** ☐ Change ☒ Addition
 NAME **DUNNE, PETER**
 STREET ADDRESS **928 SW 10 ST.**
 CITY-ST-ZIP **MIAMI, FL 33130**

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

5/1/01

305-858-6900

CR2E037 (10/00)