

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # N99000005057

1. Entity Name

ALPHA CHI HOUSE CORPORATION OF DELTA DELTA DELTA

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90020 019 \*\*\*\*61.25

Principal Place of Business	Mailing Address
5200 UNIVERSITY DRIVE, SUITE 202 PANHELLENIC BUILDING CORAL GABLES FL 33146	5200 UNIVERSITY DRIVE, SUITE 202 PANHELLENIC BUILDING CORAL GABLES FL 33146

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	8081 S.W. 173 TERRACE

City & State	City & State
MIAMI FL	MIAMI FL
Zip	Country
33157	USA

4. FEI Number	65-0949188	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLAUSSEN, KENNETH F 4675 PONCE DE LEON BLVD. SUITE 305 CORAL GABLES FL 33146	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 Kenneth J. Clausen DATE 04/19/00

**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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVIE C. SCHOBELUCK	NAME	(D)
STREET ADDRESS	5200 UNIVERSITY DRIVE SUITE 202	STREET ADDRESS	(D)
CITY-ST-ZIP	CORAL GABLES FL 33146	CITY-ST-ZIP	(D)
TITLE	SECRETARY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANE F. MCMILLAN	NAME	(D)
STREET ADDRESS	5200 UNIVERSITY DRIVE SUITE 202	STREET ADDRESS	(D)
CITY-ST-ZIP	CORAL GABLES FL 33146	CITY-ST-ZIP	(D)
TITLE	TREASURER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAN SANZ	NAME	(D)
STREET ADDRESS	5200 UNIVERSITY DRIVE SUITE 202	STREET ADDRESS	(D)
CITY-ST-ZIP	CORAL GABLES FL 33146	CITY-ST-ZIP	(D)
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: S. J. Clausen **REQUIRED**

DATE 04/19/00 DAYTIME PHONE # 305-253-2853

CH2E037 (9/99)