2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005202

1. Entity Name

DELTA SIGMA PHI FRATERNITY, ALPHA CHI CHAPTER, A

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03-03-2000 90202 040 ****61.25
00 MAR 20 PM 12:13

Principal Place of Business	Mailing Address
ONE BISCAYNE TOWER SUITE 3550 TWO S BISCAYNE BLVD MIAMI FL 33131	ONE BISCAYNE TOWER SUITE 3550 TWO S BISCAYNE BLVD MIAMI FL 33131-1806

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1746731 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAMONT & NEIMAN, P.A. TWO S BISCAYNE BLVD SUITE 3550 MIAMI FL 33131	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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP THOMPSON, WILLIAM M ~~7999 S TAMIAMI TRAIL SUITE A~~ SARASOTA FL 34231 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT WILLIAM M. THOMPSON 2523 BAYSHORE RD VENICE FL. 34275 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CROSS, WILLIAM H 601 N FERN CREEK ORLANDO FL 32803 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMPTON WARD 10 WILDWOOD VALLEY ATLANTA GA 30350 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HALLORAN, RICK 6076 PINE TREE DR BRADENTON FL 34202 ☒ Delete Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D H-L FRITZ 11300 US 1 NO. PALM BEACH FL 33408 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANDERS, ROGER 375 FISHING LN DELAND FL 32720 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROBERT LAMONT 1 BISCAYNE TOWER Suite 3550 2 S BISCAYNE BLVD MIAMI FL 33131 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, SIDNEY H 818 OAKTREE TER DELAND FL 32724 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLEN TRASHER 100 NO ATLANTIC AVE Suite 37 DAYTONA BEACH FL 32118 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FELDMAN FLEDMAN, KEVIN 1010 S OCEAN BLVD POMPANO BEACH FL 33062 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRANT HARBIN 311 VILLAGE LAKE WINTER PARK FL. 32792 ☐ Change ☐ Addition

C23E037 (9/96)

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 REQUIRED 2/21/2000 941-923-7569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

William M. Thompson, President