

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90021 006 \*\*\*\*61.25

**DOCUMENT # N99000005202**

1. Entity Name

**DELTA SIGMA PHI FRATERNITY, ALPHA CHI CHAPTER, A**

Principal Place of Business

**ONE BISCAYNE TOWER SUITE 3550  
 TWO S BISCAYNE BLVD  
 MIAMI FL 33131**

Mailing Address

**ONE BISCAYNE TOWER SUITE 3550  
 TWO S BISCAYNE BLVD  
 MIAMI FL 33131**

**C0010495**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**LAMONT & NEIMAN, P.A.  
 TWO S BISCAYNE BLVD SUITE 3550  
 MIAMI FL 33131**

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 **P** ☐ Delete  
 NAME **THOMPSON, WILLIAM M**  
 STREET ADDRESS **7069 S TAMiami TRAIL SUITE A**  
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **DT** ☐ Delete  
 NAME **CROSS, WILLIAM H**  
 STREET ADDRESS **601 N FERN CREEK**  
 CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **D** ☐ Delete  
 NAME **FRITZ, H L**  
 STREET ADDRESS **11300 US 1**  
 CITY-ST-ZIP **NO. PALM BEACH FL 33408**

TITLE **D** ☐ Delete  
 NAME **SANDERS, ROGER**  
 STREET ADDRESS **375 FISHING LN**  
 CITY-ST-ZIP **DELAND FL 32720**

TITLE **D** ☐ Delete  
 NAME **TAYLOR, SIDNEY H**  
 STREET ADDRESS **818 OAKTREE TER**  
 CITY-ST-ZIP **DELAND FL 32724**

TITLE **D** ☐ Delete  
 NAME **FELDMAN, KEVIN**  
 STREET ADDRESS **1010 S OCEAN BLVD**  
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition  
 NAME **THOMPSON, WILLIAM M**  
 STREET ADDRESS **2523 Bayshore Road**  
 CITY-ST-ZIP **Nakomis, FL 34275**

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

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

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

TITLE ☐ Change ☐ Addition  
 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR PRESIDENT

941-923-7569

Date

1/12/01

Daytime Phone #

CR2E037 (10/00)