

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90338 020 \*\*\*\*61.25

**DOCUMENT # N99000005202**

1. Entity Name

**DELTA SIGMA PHI FRATERNITY, ALPHA CHI CHAPTER, A  
LUMNI CONTROL BOARD, INCORPORATED**

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**

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

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 **P** ☐ Delete  
NAME **THOMPSON, WILLIAM M**  
STREET ADDRESS **2523 BAYSHORE ROAD**  
CITY-ST-ZIP **NOKOMIS FL 34275**

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

TITLE **DT** ☐ Delete  
NAME **CROSS, WILLIAM H**  
STREET ADDRESS **801 N FERN CREEK**  
CITY-ST-ZIP **ORLANDO FL 32803**

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

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

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

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

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

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

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

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

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:

**STATE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-923-7569

Daytime Phone #

CR2E037 (9/01)