

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005307

1. Entity Name

PHI TAU, INC.

Principal Place of Business

ALPHA EPSILON PI. U-BOX 61432
TALLAHASSEE FL 32313

Mailing Address

ALPHA EPSILON PI. U-BOX 61432
TALLAHASSEE FL 32313

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

COHEN, ROBERT S P.A.
1435 EAST PIEDMONT DR., STE. 201-B
TALLAHASSEE FL 32312

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 D ☒ Delete
NAME BANKIRER, HAROLD
STREET ADDRESS 5562 PEDRICK PLANTATION CIRCLE
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE D ☐ Delete
NAME SCHWARTZ, BARRY
STREET ADDRESS 1755 FAIRHAVEN PLACE
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE D ☐ Delete
NAME NATHAN, MICHAEL C
STREET ADDRESS 2520 GOLDEN PARK LANE
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE D ☐ Delete
NAME ELUL, CHARLES
STREET ADDRESS 1505 W. THARPE ST., #414
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE D ☐ Delete
NAME COHON, SCOTT
STREET ADDRESS 22563 S.W. 66TH AVE., #F-106
CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/01

Date

(850) 878-4648

Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90256 045 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)