

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005307

1. Entity Name

PHI TAU, INC.

FILED

May 13, 2002 8:00 am  
Secretary of State

05-13-2002 90156 049 \*\*\*\*61.25

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

8815 Wesleyan Road

Suite, Apt. #, etc.

3. Mailing Address

8815 Wesleyan Road

Suite, Apt. #, etc.

City & State

Indianapolis, IN

Zip

46268

Country

City & State

Indianapolis, IN

Zip

46268

Country

4. FEI Number

59-3616665

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

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	<input type="checkbox"/> Delete
NAME	SCHWARTZ, BARRY	
STREET ADDRESS	1755 FAIRHAVEN PLACE, 701 Brickell Key Blvd. #2303	
CITY-ST-ZIP	COCONUT GROVE FL 33133- Miami, FL 33131	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NATHAN, MICHAEL C	
STREET ADDRESS	2520 GOLDEN PARK LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELUL, CHARLES	
STREET ADDRESS	1505 W. THARPE ST., #414	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHON, SCOTT	
STREET ADDRESS	22563 S.W. 66TH AVE., #106 5550 SW 28th Terrace	
CITY-ST-ZIP	BOCA RATON FL 33428 Ft. Lauderdale, FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Philip H. Cohon	
STREET ADDRESS	30 Beekman Place #7-C	
CITY-ST-ZIP	New York, NY 10022	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sidney N. Dunn	
STREET ADDRESS	8815 Wesleyan Road	
CITY-ST-ZIP	Indianapolis, IN 46268	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marc Katz	
STREET ADDRESS	8681 Jaffa Court East Dr. #36	
CITY-ST-ZIP	Indianapolis, IN 46260	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E037 (9/01)