

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91620 021 ****61.25

DOCUMENT # N99000006734

1. Entity Name

ETA PSI OF THE PI KAPPA PHI FRATERNITY HOUSING CORPORATION

Principal Place of Business

**600 E WASHINGTON ST
 ORLANDO FL**

Mailing Address

**600 E WASHINGTON ST
 ORLANDO FL**

2. Principal Place of Business

108 ESSEX DR

Suite, Apt. #, etc.

3. Mailing Address

108 ESSEX DR

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

City & State

LONGWOOD, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32779

Country

USA

Zip

32779

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BARR, PETER

**600 E WASHINGTON ST
 ORLANDO FL**

7. Name and Address of New Registered Agent

Name

RICHARD LABINSKY

Street Address (P.O. Box Number is Not Acceptable)

108 ESSEX DR

City

LONGWOOD

FL

Zip Code

32779

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

RICHARD LABINSKY PRESIDENT

5/18/02

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	LABINSKY, RICHARD	
STREET ADDRESS	108 ESSEX DR	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARR, PETER	
STREET ADDRESS	600 E WASHINGTON ST	
CITY-ST-ZIP	ORLANDO FL 32801-2997	
TITLE	D	<input type="checkbox"/> Delete
NAME	COSTELLO, CHRIS	
STREET ADDRESS	1927 GRAND ISLE CIR #722B	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	D	<input type="checkbox"/> Delete
NAME	LERRO, PAUL	
STREET ADDRESS	2638 RACCOON RUN LANE	
CITY-ST-ZIP	ORLANDO FL 32837-5359	
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		<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		
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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:

RICHARD LABINSKY

5/18/02

407-788-3687

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)