

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90137 032 ***150.00

DOCUMENT # P01000053722

1. Entity Name
OMEGA PSI PHI THETA PHI CHAPTER, INC.



Principal Place of Business
**431 W. 17TH ST.
JACKSONVILLE FL 32206**

Mailing Address
**431 W. 17TH ST.
JACKSONVILLE FL 32206**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RICHADSON, LEON JR
431 W. 17TH ST.
JACKSONVILLE FL 32206**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Leon Richardson Jr*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/4/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	RICHARDSON, LEON JR	
STREET ADDRESS	P O BOX 12224	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LEE, WILLIE T	
STREET ADDRESS	P O BOX 12224	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, ROBERT II	
STREET ADDRESS	P O BOX 12224	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	T	<input type="checkbox"/> Delete
NAME	RICE, WADE	
STREET ADDRESS	P O BOX 12224	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Younge, Robert II	
STREET ADDRESS	PO Box 12224	
CITY-ST-ZIP	Jacksonville, FL 32209	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlton McGee	
STREET ADDRESS	PO Box 12224	
CITY-ST-ZIP	Jacksonville, FL 32209	
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 607, 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: *Leon Richardson Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/03 *904-356-6881*
Date Daytime Phone #

CR2E034 (10/02)