

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P10855

1. Entity Name

PHI SIGMA SIGMA, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90114 012 ****70.00

Principal Place of Business

Mailing Address

23123 STATE ROAD 7
SUITE 250
BOCA RATON FL 33428

23123 STATE ROAD 7
SUITE 250
BOCA RATON FL 33428-5468

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

53-0220898

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

MACEY, DIANNE
23123 STATE ROAD 7
SUITE 250
BOCA RATON FL 33428

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 PD ☐ Delete
NAME GEORGE, JOSETTE
STREET ADDRESS 47 WINDBROOKE CIR
CITY-ST-ZIP GAITHERSBURG MD 20879

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

TITLE D ☐ Delete
NAME MACEY, DIANNE
STREET ADDRESS 23123 STATE RD.7 #250
CITY-ST-ZIP BOCA RATON FL

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

TITLE VD ☒ Delete
NAME HILDRED, KIM
STREET ADDRESS 6484 TAYACK PLACE
CITY-ST-ZIP ALEXANDRIA VA 22312

TITLE ☐ Change ☒ Addition
NAME VD
NAME Melanie Boone
STREET ADDRESS 634 Kalorama Road
CITY-ST-ZIP Sykesville MD 21784

TITLE D ☐ Delete
NAME GRAVES, ESTHER
STREET ADDRESS 9804 CEDARBURG DR
CITY-ST-ZIP MONCLOVA OH 43542

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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.

DIANNE L. MACEY

SIGNATURE:

Dianne L. Macey EXEC DIR. SEC 3/16/00

(561) 451-4415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)