

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747988

1. Entity Name

TAU ZETA ALUMNI CHAPTER, ZETA PHI BETA SORORITY,

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90324 016 ****61.25

Principal Place of Business 19 PORRO STREET P.O. BOX 708 QUINCY FL 32351 US	Mailing Address POST OFFICE BOX 708 P.O. BOX 708 QUINCY FL 32353-0708 US
-----------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
-------------------------------------------------------	-------------------------------------------

City & State	City & State
Zip	Country

4. FEI Number 59-3205917	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	--------------------------------

6. Name and Address of Current Registered Agent ANDERSON, MARILYN W 707 SMITH STREET QUINCY FL 32351

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 <i>Marilyn W. Anderson</i> Director DATE <i>4/28/00</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)</small>

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-----------------------------	-----------------------------------------------------------------------------------------------------------------	----------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P JACKSON, LILLIE S. ROUTE 6, BOX 101 QUINCY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VD TURNER, ELIZABETH ROUTE 6, BOX 98 QUINCY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete S GRANT, ANGELA ROUTE 6, BOX 98B QUINCY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete TD ANDERSON, MARILYN W. 707 SMITH STREET QUINCY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D THOMAS LIZZIE ROUTE 6 BOX 508-S QUINCY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D KNIGHT, SHIRLEY RT. 2 BOX 365 AA QUINCY FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Marilyn W. Anderson</i> DATE: <i>4/28/00</i> (850) 627-6420 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>

CR2E037 (9/99)