

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90177 005 ****61.25

DOCUMENT # 762254

1. Entity Name
**THE FLORIDA ALPHA OMEGA CHAPTER OF THE ALPHA TAU
OMEGA FRATERNITY, INC**



Principal Place of Business

2610 N.W. 43RD ST.
C/O T.W. KASKEY, CPA
GAINESVILLE FL 32606-6677

Mailing Address

2937 BUTLER BAY DRIVE NORTH
C/O T W KASKEY, CPA
WINDERMERE FL 34786
US

10100043



2. Principal Place of Business

207 SW 13 STREET
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 357038
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

4. FEI Number 59-0140545

Applied For

Not Applicable

Zip

32601

Country

USA

Zip

32635-7038

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KASKEY, T.W.
2610 NW 43RD. ST. #1D
GAINESVILLE FL 32606

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

SIGNATURE

4-30-03

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D Delete
NAME HENRY, J.D.
STREET ADDRESS 302 N.W. 6TH STREET
CITY-ST-ZIP GAINESVILLE FL

TITLE D Delete
NAME MATURO, FRANK, JR
STREET ADDRESS 3010 N.W. 9TH PLACE
CITY-ST-ZIP GAINESVILLE FL

TITLE D Delete
NAME KASKEY, T.W.
STREET ADDRESS 2610 NW 43 ST.
CITY-ST-ZIP GAINESVILLE FL

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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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.

SIGNATURE:

SIGNATURE: T.W. KASKEY

CR2E037 (10/02)