

2000 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Apr 20, 2000 8:00 am
Secretary of State

01-29-2000 90040 022 ****61.25

DOCUMENT # 768182

1. Entity Name

OMICRON BETA BETA CHAPTER OF OMEGA PSI PHI FRATE

Principal Place of Business

Mailing Address

2604 ST. CHARLES
 P.O. BOX 2855
 FT MYERS FL 33902

2604 ST. CHARLES
 P.O. BOX 2855
 FT MYERS FL 33902-2855



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0138836

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

JACKSON, WILLIE J.
2604 ST. CHARLES
FT MYERS FL 33901

Name

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

City

FL | Zip Code

B. 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 **WILLIAMS, JOE JR.**
 STREET ADDRESS **3148 GUAVA ST.**
 CITY-ST-ZIP **FT MYERS FL**

TITLE **TD** Delete
 NAME **DAVIS, BERNARD A.**
 STREET ADDRESS **6598 KESTREL CIR**
 CITY-ST-ZIP **FT MYERS, FL 00000**

TITLE **SD** Delete
 NAME **WHITAKER, DONALD**
 STREET ADDRESS **127 NE AVE**
 CITY-ST-ZIP **CAPE CORAL FL 33909**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **Gibbons, John**
 STREET ADDRESS **3312 West 14th St.**
 CITY-ST-ZIP **Lehigh Acres, FL 33971**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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.

SIGNATURE: SIGNATURE REQUIRED Joe Williams Jr. Date 3/22/00 Daytime Phone # (941) 332-0686