

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **768755**
 1. Entity Name **TAU KAPPA EPSILON FRATERNITY, INC., OF FLORIDA STATE UNIVERSITY**

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90216 036 ****70.00

Principal Place of Business Mailing Address
916 WEST COLLEGE **1435 E. PIEDMONT DRIVE**
TALLAHASSEE, FL 32304 **SUITE 210**
TALLAHASSEE, FL 32312

2. Principal Place of Business 3. Mailing Address
916 W. COLLEGE **1435 E. PIEDMONT DRIVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 210

City & State City & State
TALLAHASSEE, FL **TALLAHASSEE, FL 32312**
 Zip Country Zip Country
32304 **USA** **32312** **USA**

4. FEI Number **59-2346387**
 Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KENNETH J. METZGER, ESQ.

7. Name and Address of New Registered Agent

Name **KENNETH J. METZGER, ESQ.**
 Street Address (P.O. Box Number is Not Acceptable)
1435 E. PIEDMONT DRIVE
SUITE 210
 City **TALLAHASSEE** **FL** Zip Code **32312**

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.

Registered Office Address Change Only!

SIGNATURE **Kenneth J. Metzger, Esq.**
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-28-2000
 DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KELLAM, ROBERT E.	
STREET ADDRESS	1337 LAWNDALE ROAD	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STUBBS, CHARLES	
STREET ADDRESS	2717 BEDFORD WAY	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIAM HOWARD	
STREET ADDRESS	2854 LARIS DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, TERRENCE, L.	
STREET ADDRESS	2016 GARDENBROOK LANE	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOE A. QUETONE	
STREET ADDRESS	1341 CROSSCREEK CIRCLE	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARK MCCLOW	
STREET ADDRESS	8146 CAYUGA TRAIL W.	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK MCCLOW	
STREET ADDRESS	8146 CAYUGA TRAIL W.	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
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		
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 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: **Robert E. Kellam**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00
 Date Daytime Phone # **850-487-1472**

CR2E037 (9/99)