

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**  
 05-04-2001 90125 020 \*\*\*\*\*70.00

**DOCUMENT # 768755**

1. Entity Name

**TAU KAPPA EPSILON FRATERNITY, INC., OF FLORIDA S**

Principal Place of Business

**916 W. COLLEGE STREET  
 TALLAHASSEE FL 32304  
 US**

Mailing Address

**1435 E. PIEDMONT DR.  
 SUITE 210  
 TALLAHASSEE FL 32312  
 US**

00047221



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

**59-2346387**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**METZGER, KENNETH J., ESQUIRE  
 204 SOUTH MONROE STREET  
 SUITE 200  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **Metzger, Kenneth J., Esq.**  
 Street Address (P.O. Box Number is Not Acceptable) **1435 E. Piedmont Drive, Ste. 210**  
 City **Tallahassee** FL Zip Code **32302**

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 ☐ Delete  
 NAME **D KELLAM, ROBERT E.**  
 STREET ADDRESS **1337 LAWDALE ROAD**  
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

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

TITLE ☐ Delete  
 NAME **VP STUBBS, CHARLES**  
 STREET ADDRESS **2717 BEDFORD WAY**  
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

TITLE ☐ Delete  
 NAME **D BEAUDRY, PATRICK**  
 STREET ADDRESS **2433 LANRELL RD.**  
 CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE ☐ Delete  
 NAME **SD WILLIAM HOWARD**  
 STREET ADDRESS **2854 LARIS DR**  
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

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

TITLE ☐ Delete  
 NAME **P CLARK, TERENCE L**  
 STREET ADDRESS **2016 GARDENBROOK LN**  
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-01 850-487-1472

CR2E037 (10/00)