

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90058 031 \*\*\*\*61.25

**DOCUMENT # N15327**

1. Entity Name

**ZETA OMEGA CHAPTER OF ALPHA DELTA PI HOUSE CORPO**

Principal Place of Business

Mailing Address

**4207 GREEK PARK DRIVE  
 ORLANDO FL 32816**

**4207 GREEK PARK DRIVE  
 ORLANDO FL 32816-8004**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2799282**

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

7. Name and Address of New Registered Agent

**HAMILTON, BETH M  
 4207 GREEK PARK DRIVE  
 ORLANDO FL 32816**

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

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	<input checked="" type="checkbox"/> Delete
NAME	MINTER, SHARON C.	
STREET ADDRESS	4202 WOODLYNNE LANE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	T.	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, PENNY H.	
STREET ADDRESS	3580 EMERYWOOD LANE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MILLIOT, PATRICIA C	
STREET ADDRESS	488 PRESSVIEW AVE.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MESSINA, LYNN Z	
STREET ADDRESS	604 VALENCIA PLACE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yanas, Kelly M.	
STREET ADDRESS	1001 Big Oaks Blvd.	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Farrow, Staci M.	
STREET ADDRESS	425 Wilmington Circle	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Aring, Elizabeth	
STREET ADDRESS	512 Spring Oaks Blvd.	
CITY-ST-ZIP	Altamonte Springs, FL 32792	
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:** *Penny H. Cunningham*  
 Penny H. Cunningham, Treasurer

02/24/00

(407) 855-5735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)