

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90001 034 \*\*\*\*61.25

**DOCUMENT # N30250**

1. Entity Name

**UNIVERSITY OF CENTRAL FLORIDA ALPHA TAU OMEGA HO**

*VAP*

Principal Place of Business

Mailing Address

**4419 GREEK CT.  
 ORLANDO FL 32816  
 US**

~~484 WILD FOX DR.  
 CASSELBERRY FL 32707  
 US~~

**979017**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**P.O. Box 3072**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Winter Park FL**

4. FEI Number

**59-2956326**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32790**

**USA**

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

~~STARKS, PAUL B  
 484 WILD FOX DR.  
 CASSELBERRY FL 32707~~

Name **Kenneth F. Murrach**

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

**800 W. Morse Blvd, Suite 1**

City **Winter Park**

**FL**

Zip Code **32789**

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 *Kenneth F. Murrach* **Kenneth F. Murrach** Sept 11, 2001  
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**  
**After September 12, 2001, min. will be \$236.25**

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 NAME	<b>P</b> <b>STARKS, PAUL B</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>484 WILD FOX DR.</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>	
TITLE NAME	<b>S</b> <b>STARKS, GEORGE W</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>4814 E. LAKE DR.</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	
TITLE NAME	<b>D</b> <b>MURRAH, KENNETH</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>800 WEST MORSE BLVD.</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	
TITLE NAME	<b>D</b> <b>O'DONAHUE, BRUCE</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>3423 ALL AMERICAN BLVD.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32810</b>	
TITLE NAME	<b>T</b> <b>HOBBS, CAREY</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>833 BROOKFIELD LOOP</b>	
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>	
TITLE NAME	<b>D</b> <b>RUGGIERI, MIKE</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>12372 SHADY SPRING WAY</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32828</b>	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>Vice President, Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>President, Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>W. Bruce O'Donoghue</b>	
CITY-ST-ZIP	<b>707 Nicolet Avenue, Suite 100</b>	
	<b>Winter Park FL 32789</b>	
TITLE NAME	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>Marc C. Stanakis</b>	
CITY-ST-ZIP	<b>1718 Lyn dele Blvd.</b>	
	<b>Maitland, FL 32751</b>	
TITLE NAME	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>Thomas E. Green</b>	
CITY-ST-ZIP	<b>100 Colonial Center Parkway, Suite 100</b>	
	<b>Lake Mary FL 32746</b>	

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: *W. Bruce O'Donoghue* **W. Bruce O'Donoghue President** 9-11-01

407-628-1965

CR2E037 (5/01)