

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90114 008 ****61.25

DOCUMENT # N30250

1. Entity Name

UNIVERSITY OF CENTRAL FLORIDA ALPHA TAU OMEGA HO USING CORPORATION, INC.

Principal Place of Business

Mailing Address

4419 GREEK CT.
 ORLANDO FL 32816
 US

P O BOX 3072
 WINTER PARK FL 32790
 US

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

59-2956326

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

MURRAH, KENNETH F
800 W MORSE BLVD, #1
WINTER PARK FL 32789

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	TITLE	
NAME	STARKS, GEORGE W	NAME	
STREET ADDRESS	4814 E. LAKE DR.	STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	CITY-ST-ZIP	
TITLE	VPS	TITLE	
NAME	MURRAH, KENNETH	NAME	
STREET ADDRESS	800 WEST MORSE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	CITY-ST-ZIP	
TITLE	PT	TITLE	
NAME	O'DONOGHUE, W BRUCE	NAME	
STREET ADDRESS	707 NICOLE AVENUE, #100	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	STANAKIS, MARC C	NAME	
STREET ADDRESS	1718 LYNDAL BLVD	STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	GREEN, THOMAS E	NAME	
STREET ADDRESS	100 COLONIAL CTR PKWY, #100	STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *W. Bruce O'Donoghue* **BRUCE O'DONOGHUE, President** 7.9.02 407.628.1955

CR2E037 (4/02)



DO NOT WRITE IN THIS SPACE