2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Suite, Apt, #, etc.

City & State

Zip

DOCUMENT # N30250

1. Entity Name

Suite, Apt. #, etc.

City & State

¬Zip⊶ ₌-

UNIVERSITY OF CENTRAL FLORIDA ALPHA TAU OMEGA HOUSING CORPORATION, INC.



Principal Place of Business

4419 GREEK CT.

ORLANDO FL 32816
US

Principal Place of Business

Mailing Address
P O BOX 3072
WINTER PARK FL 32790
US

3. Mailing Address

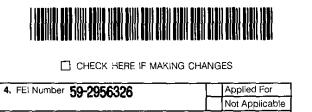
Country

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

FILED
May 27, 2003 8:00 am §
Secretary of State

05-27-2003 90160 022 ****61.25

JULU/023



\$8.75 Additional

6. Name and Address of Current Registered Agent

Name

MURRAH, KENNETH F

800 W MORSE BLVD, #1

WINTER PARK FL 32789

City

Fee Required

Fee Required

Fee Required

Street Address of New Registered Agent

Name

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

(NOTE: Registered Agent signature required when reinstating)

 \Box

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

Country

FILE NOW: FEE IS \$61.25

Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

5. Certificate of Status Desired

Make Check Payable to Florida Department of State

DATE

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Addition Change STARKS, GEORGE W NAME NAME 4814 E. LAKE DR. STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL 32708 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MURRAH, KENNETH NAME NAME STREET ADDRESS 800 WEST MORSE BLVD. STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE O'DONOGHUE, W BRUCE NAME NAME 707 NICOLE AVENUE, #100 STREET ADDRESS STREET ADDRESS CITY-ST-71P WINTER PARK FL 32789 CITY-ST-ZIP TITLE ☐ Delete □ Change TITLE ☐ Addition STANAKIS, MARC C NAME NAME 1718 LYNDALE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition GREEN, THOMAS E NAME NAME 100 COLONIAL CTR PKWY, #100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not quality 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 impowered.

SIGNATURE:

WINDLESS OF DONNE OF STANKE OF STANKE OF DIRECTOR OF DONNE AND THE OF STANKE OF STANKE

5-1-03

407-628-1965

CR2E037 (10/02)