

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90191 011 ****61.25

DOCUMENT # N43306

1. Entity Name

GAMMA IOTA CHAPTER OF ALPHA DELTA PI HOUSE CORPO



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

831 W. PANHELLENIC DRIVE
 GAINESVILLE FL 32601
 US

831 W. PANHELLENIC DRIVE
 GAINESVILLE FL 32601-7864
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0641930

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

7. Name and Address of New Registered Agent

BALLOON, SUSAN H
6506 NW 56TH LN
GAINESVILLE FL 32653

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 Delete
 NAME **D LAMOND, JOANNE**
 STREET ADDRESS **11624 NW 129TH TERRACE**
 CITY-ST-ZIP **ALACHUA FL 32615**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D WATSON, KAROLYN H**
 STREET ADDRESS **2814 N.W. 13TH COURT**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D ANDERSON, JOAN B**
 STREET ADDRESS **3863 STATE ROAD 21 N**
 CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32856**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BALLOON, SUSAN H**
 STREET ADDRESS **3927 N.W. 42ND COURT**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D KIRKPATRICK, PEGGY B**
 STREET ADDRESS **2531 N.W. 41ST STREET #D**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D WHITE, HEATHER**
 STREET ADDRESS **230 N PINE AVE**
 CITY-ST-ZIP **INVERNESS FL**

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: *Susan H. Balloon*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00 862-373-0233
 Date Daytime Phone #

CR2E037 (9/99)