

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90048 032 \*\*\*\*61.25

**DOCUMENT # N43306**

1. Entity Name

**GAMMA IOTA CHAPTER OF ALPHA DELTA PI HOUSE CORPORATION**

Principal Place of Business

Mailing Address

831 W. PANHELLENIC DRIVE  
 GAINESVILLE FL 32601  
 US

831 W. PANHELLENIC DRIVE  
 GAINESVILLE FL 32601  
 US

845568



DO NOT WRITE IN THIS SPACE

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**  
**10614 SW 52ND AVENUE**  
**GAINESVILLE FL 32608**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BEELAND, LOHSE B</b>	
STREET ADDRESS	<b>2505 NW 18TH WAY</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WATSON, KAROLYN H</b>	
STREET ADDRESS	<b>2814 NW 13TH CT</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERSON, JOAN B</b>	
STREET ADDRESS	<b>3863 STATE ROAD 21 N</b>	
CITY-ST-ZIP	<b>KEYSTONE HEIGHTS FL 32656</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BALLOON, SUSAN H</b>	
STREET ADDRESS	<b>10614 SW 52ND AVENUE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KIRKPATRICK, PEGGY B</b>	
STREET ADDRESS	<b>2531 N.W. 41ST STREET #D</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WHITE, HEATHER</b>	
STREET ADDRESS	<b>230 N PINE AVE</b>	
CITY-ST-ZIP	<b>INVERNESS FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Susan H. Balloon* **Susan H. Balloon** 4-19-02 352-373-0233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)