

2001 UNIFORM BUSINESS REPORT (UBR)

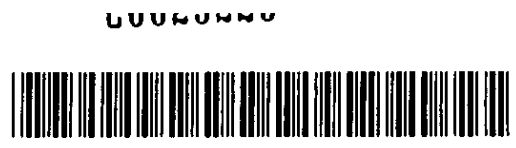
FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90285 022 ***150.00

DOCUMENT # P99000024167

1. Entity Name
GAMMA BETA ALUMNI CORPORATION

Principal Place of Business 636 E. MELBOURNE AVE MELBOURNE FL 32901	Mailing Address P.O. BOX 82 MELBOURNE FL 32901
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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 **59-3198716** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NOTZ, TROY
1924 RUDDER DRIVE
VALRICO FL 33594

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENDLING, CHARLES		NAME	TROY NOTZ	
STREET ADDRESS	1253 WINDING MEADOWS RD		STREET ADDRESS	1924 RUDDER DR	
CITY-ST-ZIP	ROCKLEDGE FL 32955		CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEATHERFORD, AKRIN		NAME	STEVE BONCK	
STREET ADDRESS	636 E. MELBOURNE AVE		STREET ADDRESS	2805 STRAND LOOP CT	
CITY-ST-ZIP	MELBOURNE FL 32901		CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARBOX, NATHANIEL		NAME	CHARLES WENDLING	
STREET ADDRESS	2210 S. FRONT ST.		STREET ADDRESS	1253 WINDING MEADOWS RD	
CITY-ST-ZIP	MELBOURNE FL 32901		CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORTMAN, SCOTT		NAME		
STREET ADDRESS	5021-3 PARK LANE DR.		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32901		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEHN, BRIAN C		NAME		
STREET ADDRESS	437 MYRTLEWOOD RD		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32940		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLFI, MIKE		NAME		
STREET ADDRESS	636 E. MELBOURNE AVE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32901		CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen Bonck **STEPHEN BONCK** 2/28/01 407-563-2225
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)