

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90177 005 \*\*\*\*61.25

**DOCUMENT # 762254**

1. Entity Name

**THE FLORIDA ALPHA OMEGA CHAPTER OF THE ALPHA TAU  
OMEGA FRATERNITY, INC**



Principal Place of Business

**2610 N.W. 43RD ST.  
C/O T.W. KASKEY, CPA  
GAINESVILLE FL 32606-6677**

Mailing Address

**2937 BUTLER BAY DRIVE NORTH  
C/O T W KASKEY, CPA  
WINDERMERE FL 34786  
US**

**10100043**



2. Principal Place of Business

**207 SW 13 STREET**

3. Mailing Address

**P.O. Box 357038**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

**GAINESVILLE FL**

City & State

**GAINESVILLE FL**

4. FEI Number **59-0140545**

Applied For

Not Applicable

Zip

**32601**

Country

**USA**

Zip

**32635-7038**

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

**KASKEY, T.W.  
2610 NW 43RD. ST. #1D  
GAINESVILLE FL 32606**

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

**4-30-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **HENRY, J.D.**  
STREET ADDRESS **302 N.W. 6TH STREET**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MATURO, FRANK, JR**  
STREET ADDRESS **3010 N.W. 9TH PLACE**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **KASKEY, T.W.**  
STREET ADDRESS **2610 NW 43 ST.**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

CR2E037 (10/02)