

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90013 027 \*\*\*\*61.25

**DOCUMENT # 701632**

1. Entity Name

**ALPHA ETA HOUSE CORPORATION OF DELTA DELTA DELTA**

Principal Place of Business

1215 BIG OAK ST.  
 TALLAHASSEE FL 32308

Mailing Address

1215 BIG OAK ST.  
 TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

507 Carr Lane  
 Suite, Apt. #, etc.  
 Tallahassee

507 Carr Lane  
 Suite, Apt. #, etc.  
 Tallahassee

City & State

City & State

FL

FL

Zip

32312

Country

USA

Zip

32312

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOGENMULLER, JANICE W  
 507 CARR LANE  
 TALLAHASSEE FL 32312

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

*Janice W. Hogenmuller, TD*

(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	DV	<input checked="" type="checkbox"/> Delete
NAME	MUNROE, LYNN	
STREET ADDRESS	1215 BIG OAK ST.	
CITY-ST-ZIP	TALLAHASSEE FLA 32308	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	TALLMAN, DEE	
STREET ADDRESS	4803 LANCASHURE LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BURKHOLDER, SANDRA	
STREET ADDRESS	1211 SANDHURST DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOGENMULLER, JANICE W	
STREET ADDRESS	507 CARR LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Howerton, Barbara	
STREET ADDRESS	3037 Cloudland Drive	
CITY-ST-ZIP	Talla, FL 32312-1802	
TITLE	DV Tallman, Dee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4803 Lancashire Lane	
STREET ADDRESS	Talla, FL 32308-2965	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Janice W. Hogenmuller*

5/20/01

CR2E037 (10/00)