

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 703137**

1. Corporation Name

FRATERNITY PURCHASING ASSOCIATION OF GAINESVILLE

Principal Place of Business 2830 N.W. 41ST STREET SUITE G-2 GAINESVILLE FL 32606

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

2830 N.W. 41ST STREET

SUITE G-2

26

27

GAINESVILLE FL 32606

2a. Mailing Address

Suite, Apt. #, etc.

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90194 031 ****61.25

* 4 463068 - 90194 - 31 * * *

Date Incorporated or Qualifed 10/31/1961

4. FEI Number

59-0942755



Applied For

Not Applicable

SPIES, SHARON L 25 29 30 30 Trust Fund Contribution \$5.00 May Be Addition Fees 4 4 4 4 4 4 4 4 4	City & State		City & State			5. Certifcate of Status Desired		\$8.75 A	1	
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 81 Name SPIES, SHARON L 2830 NW 41ST STREET SUITE G-2 GAINESVILLE FL 32606 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 817,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 817,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 817,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 817,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 817,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 817,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 817,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of directors. I hereby accept the appointment as registered agent. I am familiar with appointment as registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I a	23									
9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Name SPIES, SHARON L 2820 NW 41ST STREET SUITE G-2 GAINESVILLE FL 32606 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Fiorida Statutes, the above-named corporation submits this statement for the purposes of changing its registered office or registered agent, or both, in the State of Florida. Such change was authored by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authored by the corporation's board of directors. I hereby accept the appointment as registered agent, and the provisions of, Section 617,0502, Florida Statutes, the above-name of corporation's board of directors. I hereby accept the appointment as registered agent, and the provisions of, Section 617,0502 and 617,05	Zip	Country	Zip	Country		· · ·	П	-	- 1	
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2830 NW 41ST STREET SUITE G-2 GAINESVILLE FL 32606 83 44 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Planta Statutes as a position of sections of 17.0502, Planta Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered after accept and of the purpose of changing its registered after accept and of the purpose of changing its registered after accept and of the purpose of changing its registered after accept and of the purpose of changing its registered after accept and of the purpose of changing its registered and a purpose of changing its registered and of the purpose of changing its registered and of the purpose of changing its registe				81	Name	** ** *				
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indicated on this annual report or supplemental annual 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 to the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or on an attachment with an address, with all other like empowered.

SIGNATURE: