

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705976

1. Entity Name

ALPHA SIGMA OF DELTA ZETA HOUSE, INC.

Principal Place of Business

331 SEVENTH AVENUE NORTH  
P. O. BOX 58050  
TIERRA VERDE FL 33715

Mailing Address

331 SEVENTH AVENUE NORTH  
P. O. BOX 58050  
TIERRA VERDE FL 33715-8050

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURNS, KARLY  
331 SEVENTH AVENUE NORTH  
TIERRA VERDE 33715

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PD	BURNS, KARLY	331 SEVENTH AVE NORTH TIERRA VERDE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	TD	ORCHARD, KATHY	2115 SO CORTEZ TAMPA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	SD	HUDSON, KATHLEEN	1426 DEIDRE DR RUSKIN FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*Karly Burns*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90026 011 \*\*\*\*61.25

041100



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6013685

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (9/99)