

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

0014989

DOCUMENT # 714241

1. Entity Name

BETA MU OF GAMMA PHI BETA SORORITY, INC. OF TALL

03-26-2001 90087 037 *****61.25

Principal Place of Business

**633 WEST JEFFERSON STREET
 TALLAHASSEE FL 32304**

Mailing Address

**P.O. BOX 20367
 TALLAHASSEE FL 32316
 US**

818314



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0638676

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BODZIONY, GILL T
 6301 S WINDWOOD HILLS CIRCLE
 TALLAHASSEE FL 32311**

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

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

TITLE **P** Delete
 NAME **BODZIONY, GILL T**
 STREET ADDRESS **6301 S WINDWOOD HILLS CIR**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **T** Delete
 NAME **CARLTON, GAYLE**
 STREET ADDRESS **2515 STUART ST.**
 CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE **S** Delete
 NAME **EVERETT, GENEVIEVE G.**
 STREET ADDRESS **504 WESTWOOD DRIVE**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** Delete
 NAME **CHILDERS, JANET F.**
 STREET ADDRESS **3424 NATIVE DANCER TRAIL**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** Delete
 NAME **AVANT, GAYLE**
 STREET ADDRESS **2407 DELGADO DR**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** Delete
 NAME **BUNN, ROSEMARY**
 STREET ADDRESS **4929 ANNETTE DRIVE**
 CITY-ST-ZIP **TALLAHASSEE FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gayle B.D. Carlton 3/22/01
 Date Daytime Phone #

580 5115

CR2E037 (10/00)