

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90064 033 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

**DOCUMENT # 714563**

1. Entity Name

**GAMMA RHO INTERNATIONAL, INC.**

Principal Place of Business

1713 TALPECO RD.  
TALLAHASSEE FL 32303  
US

Mailing Address

POST OFFICE BOX 10138  
PO BOX 10138  
TALLAHASSEE FL 32302  
US

2. Principal Place of Business

1109 Lasswade Dr.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Zip

32312

Country

USA

Country

4. FEI Number

59-2348453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EISNER, CRAIG J  
1713 TALPECO RD.  
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

Eisner, Craig J

Street Address (P.O. Box Number is Not Acceptable)

1109 Lasswade Dr.

City

Tallahassee

FL

Zip Code

32312

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

*Craig Eisner*

*Craig Eisner*

1-12-01

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 PD  
NAME HALLAS, ALLEN W  
STREET ADDRESS 6439 COUNT TURF TRAIL  
CITY-ST-ZIP TALLAHASSEE, FL 00000 ☐ Delete

TITLE SD  
NAME SOWINSKI, JOE  
STREET ADDRESS 4723 PINTAIL DRIVE  
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE TD  
NAME EISNER, CRAIG J  
STREET ADDRESS 1713 TALPECO RD.  
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME Hallas, Allen W  
STREET ADDRESS 12100 SW 87th Ct  
CITY-ST-ZIP Miami FL 33157 ☒ Change ☐ Addition

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

TITLE  
NAME Eisner, Craig J  
STREET ADDRESS 1109 Lasswade Dr.  
CITY-ST-ZIP Tallahassee - FL 32312 ☒ Change ☐ Addition

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

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

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

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:

*Craig Eisner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-12-01

Daytime Phone #

850-523-

7877

CR2E037 (10/00)