

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90301 018 ****70.00

DOCUMENT # 726379
 1. Entity Name
ALPHA GAMMA RHO CHAPTER HOUSE ASSOCIATION, INC.

Principal Place of Business Mailing Address

**C/O JOEL PHILLIPS
 407 SW 13TH ST
 GAINESVILLE FL 32601
 US** **P.O. BOX 1403
 NEWBERRY FL 32669-1403
 US**

2. Principal Place of Business 3. Mailing Address

407 SW 13th Street **P.O. Box 1418**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Gainesville, FL **Newberry, FL**

4. FEI Number Applied For

59-0145250 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip Country Zip Country

32601 **USA** **32669** **32669**



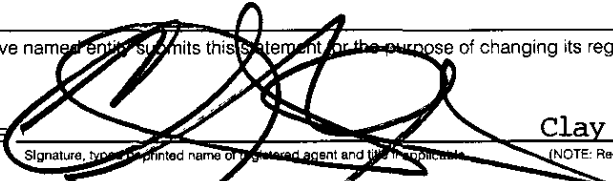
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

MARTIN, CLAY
135 NW 266TH ST
NEWBERRY FL 32669

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  **Clay Martin, Treasurer** **4/20/00**
(Signature, type or printed name of registered agent and title in appropriate space) (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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINNON, DANIEL	NAME	
STREET ADDRESS	1026 NW 21ST TERR.	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACK, LARRY	NAME	
STREET ADDRESS	P O BOX 5415 N/A	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34478	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, CLAY	NAME	
STREET ADDRESS	135 NW 266TH ST.	STREET ADDRESS	
CITY-ST-ZIP	NEWBERRY FL 32669	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELDER, SUMNER	NAME	Bryce Kelly
STREET ADDRESS	P.O. BOX 715 N/A	STREET ADDRESS	4203 Eiland Drive
CITY-ST-ZIP	OKECHOBEE FL	CITY-ST-ZIP	Sebring, FL 33872
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UMIKER, TOM	NAME	Wallace McCormick
STREET ADDRESS	4910 HWY. 574, WEST	STREET ADDRESS	11828 County Road 49
CITY-ST-ZIP	PLANT CITY FL 33567	CITY-ST-ZIP	Live Oak, FL 32060
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENMARK, JOHN	NAME	Ed Stewart
STREET ADDRESS	2153 HILL N DALE DRIVE	STREET ADDRESS	1507 Belleau Wood Drive
CITY-ST-ZIP	TALLAHASSEE FL 32314	CITY-ST-ZIP	Tallahassee, FL 32312

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 supplement thereto 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 an other like empowered.

SIGNATURE  **Clay Martin, Treasurer** **4/20/00** **352-472-6098**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)