

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90057 040 ****70.00

00213

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 1418
 NEWBERRY FL 32669
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0145250

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required



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

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	PD	<input type="checkbox"/> Delete
NAME	MCKINNON, DANIEL	
STREET ADDRESS	1026 NW 21ST TERR.	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACK, LARRY	
STREET ADDRESS	P O BOX 5415 N/A	
CITY-ST-ZIP	OCALA FL 34478	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARTIN, CLAY	
STREET ADDRESS	135 NW 266TH ST.	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KELLY, BRYCE	
STREET ADDRESS	4203 EILAND DR	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCORMICK, WALLACE	
STREET ADDRESS	11828 COUNTY RD 49	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEWART, ED	
STREET ADDRESS	1507 BELLEAU WOOD DR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/28/01

352-336-0900

Date Daytime Phone #

CR2E037 (10/00)