

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90352 045 ****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 1418
 NEWBERRY FL 32669
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 1086

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Alachua, Florida

4. FEI Number

59-0145250

Applied For

Not Applicable

Zip

Country

Zip

Country

32616

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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 **Roger Scarborough**

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

2435 NW 28th Place

City **Gainesville**

FL

Zip Code **32605**

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

Roger Scarborough, **Roger Scarborough**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 29th 2002
 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
PD	MCKINNON, DANIEL	1026 NW 21ST TERR.	GAINESVILLE FL 32605	<input type="checkbox"/>
D	MACK, LARRY	P O BOX 5415 N/A	OCALA FL 34478	<input type="checkbox"/>
TD	MARTIN, CLAY	135 NW 266TH ST.	NEWBERRY FL 32669	<input checked="" type="checkbox"/>
VD	KELLY, BRYCE	4203 EILAND DR	SEBRING FL 33872	<input type="checkbox"/>
D	MCCORMICK, WALLACE	11828 COUNTY RD 49	LIVE OAK FL 32060	<input type="checkbox"/>
D	STEWART, ED	1507 BELLEAU WOOD DR	TALLAHASSEE FL 32312	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TD	Roger Scarborough	2435 NW 28 th PL	Gainesville, FL 32605	<input checked="" 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: *Roger Scarborough* **ROGER Scarborough**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02
 Date

386-462-7631
 Daytime Phone #

CR2E037 (9/01)