

# 2001 UNIFORM BUSINESS REPORT (UBR)

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FILED

Mar 30, 2001 8:00 am  
Secretary of State

02-02-2001 90302 039 \*\*\*\*61.25

DOCUMENT # 732151

1. Entity Name

ZETA OMICRON CHAPTER HOUSE CORPORATION OF DELTA

Principal Place of Business

12083 DARWIN DR  
ORLANDO FL 32826

Mailing Address

140 S. SUZANNE CT  
MERRITT ISLAND FL 32952

2. Principal Place of Business

3. Mailing Address

2550 N. Alafaya Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. 8202

City & State

City & State

Orlando Florida

Zip

Country

Zip

32826

Country

USA

4. FEI Number

592404489

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TIDWELL, WAYNE  
140 S. SUZANNE CT  
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name

Aaron Kinsman

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

2550 N. Alafaya Tr.

Apt. 8202

Orlando

FL

Zip Code

32826

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

*Aaron Kinsman*

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

(NOTE: Registered Agent signature required when reinstating)

1/27/2001

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	<input type="checkbox"/> Delete
NAME	RAMIREZ, FERNANDO	
STREET ADDRESS	123 HOLLOWAY CT	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PATEL, RAJIV	
STREET ADDRESS	12083 DARWIN DR	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TIDWELL, WAYNE	
STREET ADDRESS	140 S. SUZANNE CT	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SHAW, BRENT	
STREET ADDRESS	2725 ABNEY AVE	
CITY-ST-ZIP	ORLANDO FL 32833	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Aaron Kinsman	
STREET ADDRESS	2550 N. Alafaya Trail	
CITY-ST-ZIP	Orlando, FL 32826	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAM CRUZ	
STREET ADDRESS	401 SANDRINGHAM CT	
CITY-ST-ZIP	WINTERS SPRINGS, FL 32708	
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:

*Aaron Kinsman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/2001

Date

(407) 321-7530

Daytime Phone #

CR2E037 (10/00)