

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90010 001 ****61.25

DOCUMENT # 744392

1. Entity Name

GAMMA OMICRON CHAPTER OF ALPHA OMICRON PI CORPOR

Principal Place of Business

819 W. PANHELLENIC DRIVE
 GAINESVILLE FL 32601

Mailing Address

3510 NW 46TH TERR
 GAINESVILLE FL 32606
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

13720 NW 39 Ave

Suite, Apt. #, etc.

Gainesville

City & State

FL

Zip

32606

Country

USA

4. FEI Number

59-6169190

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRANSON, DEBBIE
 3510 NW 46TH TERRACE
 GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name Pamela Bourg

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

13720 NW 39 Ave

City Gainesville

FL

Zip Code

32606

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

Pamela Bourg

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/12/00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	TDS	<input checked="" type="checkbox"/> Delete
NAME	BRANSON, DEBBIE	
STREET ADDRESS	3510 N.W. 46TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAUBE, JULIE	
STREET ADDRESS	819 W. PANHELLENIC DRIVE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KELLAR, JANET	
STREET ADDRESS	603 N.W. 102 TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NIBLACK, NANCY	
STREET ADDRESS	2059 N.W. 21 LANE	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BOURG, PAM	
STREET ADDRESS	13720 NW 39TH AVE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	President	<input checked="" 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:

Pamela Bourg

9/12/00

Date

352 3922378

Daytime Phone #

B0106919



DO NOT WRITE IN THIS SPACE