

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90044 004 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 749270**

1. Entity Name  **GAMMA THETA OMEGA, INCORPORATED**

Principal Place of Business: **412 E 7TH AVE TAMPA FL 33602 US**

Mailing Address: **P. O. BOX 1246 TAMPA FL 33601**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number: **59-2072596** Applied For:  Not Applicable:

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

6. Name and Address of Current Registered Agent

**MYERS, GWENDOLYN W**  
**2704 N 32ND ST**  
**TAMPA FL 33605**

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: **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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: BENTON, THELMA D STREET ADDRESS: 18421 BITTERN AVE CITY-ST-ZIP: LUTZ FL 33549	<input checked="" type="checkbox"/> Delete	TITLE: President/Dir. NAME: SOLOMON, Tempress STREET ADDRESS: 10905 N. 29th St. CITY-ST-ZIP: TAMPA, FL 33612	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: BELL, ELEANOR J STREET ADDRESS: 3011 E FLORA ST CITY-ST-ZIP: TAMPA FL 33610	<input checked="" type="checkbox"/> Delete	TITLE: V.P./Dir. NAME: Greenaway, Sharon P. STREET ADDRESS: 3415 W. Hillsborough Ave., #538 CITY-ST-ZIP: Tampa, FL 33614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: CASON, DONNA STREET ADDRESS: 6408 THOROUGHMBRED LOOP CITY-ST-ZIP: TAMPA FL 33605	<input checked="" type="checkbox"/> Delete	TITLE: VP/Dir. NAME: Barbara Twine Thomas STREET ADDRESS: 10902 19th St. CITY-ST-ZIP: Tampa, FL 33612	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: CARTER, IVA STREET ADDRESS: 18102 LATIMER LANE CITY-ST-ZIP: TAMPA FL 33647	<input type="checkbox"/> Delete	TITLE: S/D. NAME: Williams, Patricia STREET ADDRESS: 12732 N. 57th Street CITY-ST-ZIP: Tampa, FL 33617	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: WATLEY, THERESA STREET ADDRESS: 11815 SNAPDRAGON RD. CITY-ST-ZIP: TAMPA FL 33635	<input checked="" type="checkbox"/> Delete	TITLE: TD NAME: Gadson, Yolanda STREET ADDRESS: 3205 E. Paris St. CITY-ST-ZIP: Tampa, FL 33610	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: MYERS, GWENDOLYN W STREET ADDRESS: 2704 N 32ND ST CITY-ST-ZIP: TAMPA FL 33605	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Tempress Solomon (Tempress Solomon) Date: 7/20/00 Daytime Phone #: (813) 632-9745

CF 1017 8/00