

# 2000 UNIFORM BUSINESS REPORT (UBR)

2.

DOCUMENT # 760623

1. Entity Name

EPSILON THETA CHAPTER OF DELTA GAMMA HOUSE CORPO

Principal Place of Business

Mailing Address

800 COVE CAY DR.  
4-B  
CLEARWATER FL 34620

800 COVE CAY DR.  
4-B  
CLEARWATER FL 33760-1224

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

59-2157829

Applied For

Not Applicable

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

CARLSON, GAYLE B  
12526 ST CHARLOTTE DRIVE  
TAMPA FL 33618

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MCKAY, MOLLY  
CITY-ST-ZIP 609 WEST UNION STREET  
MORGANTON NC 28655

TITLE ☒ Delete  
NAME T  
STREET ADDRESS FAURNIER, NANCY  
CITY-ST-ZIP 12001 9TH ST NO #3811  
ST-PETERSBURG FL 33716

TITLE ☐ Delete  
NAME T  
STREET ADDRESS ARCHBOLD, LISA  
CITY-ST-ZIP 6800 MANGO AVE. SO.  
ST. PETERSBURG FL 33707

TITLE ☐ Delete  
NAME T  
STREET ADDRESS MARTIN, AMY  
CITY-ST-ZIP 800 COVE CAY DR. #4-B  
CLEARWATER FL 33760

TITLE ☐ Delete  
NAME T  
STREET ADDRESS Susie Kudryk  
CITY-ST-ZIP 202 West Davis Blvd  
Tampa, FL 33603

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME ~~202 West Davis Blvd~~  
STREET ADDRESS ~~Tampa, FL~~  
CITY-ST-ZIP ~~33603~~

TITLE ☒ Change ☐ Addition  
NAME Secretary  
STREET ADDRESS No Change  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS No Change  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Susie Kudryk*

2/5/00

727-539-1039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #