

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90042 042 \*\*\*\*61.25

**DOCUMENT # 762254**

1. Entity Name

**THE FLORIDA ALPHA OMEGA CHAPTER OF THE ALPHA TAU**

Principal Place of Business

Mailing Address

2610 N.W. 43RD ST.  
 C/O T.W. KASKEY, CPA  
 GAINESVILLE FL 32606-6677

2937 BUTLER BAY-DRIVE NORTH  
 C/O T W KASKEY, CPA  
 WINDERMERE FL 34786-6113  
 US

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

**59-0140545**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KASKEY, T.W.**  
**2610 NW 43RD. ST. #1D**  
**GAINESVILLE FL 32606**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D HENRY, J.D.</b>	<b>302 N.W. 6TH STREET</b>	<b>GAINESVILLE FL</b>	<input type="checkbox"/>
	<b>D MATURO, FRANK, JR</b>	<b>3010 N.W. 9TH PLACE</b>	<b>GAINESVILLE FL</b>	<input type="checkbox"/>
	<b>D KASKEY, T.W.</b>	<b>2610 NW 43 ST.</b>	<b>GAINESVILLE FL</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input 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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/17/00 407-876-6999**

Date

Daytime Phone #

CR2E037 (9/99)