

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 10, 2001 08:00 AM**
Secretary of State**DOCUMENT # 768858****1. Entity Name**

DELTA ZETA OF DELTA TAU DELTA, INC.

Principal Place of Business

1926 WEST UNIVERSITY AVENUE

GAINESVILLE
32603

FL

Mailing Address

% P.O. BOX 113

GAINESVILLE
32602

FL

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**23-7044651**

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**EMERSON WILLIAM
110 N.W. 2ND AVEGAINESVILLE
32601

US

FL

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

04/10/2001

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

(NOTE: Registered Agent signature required when reinstalling)

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	SD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	EMERSON WILLIAM		NAME		
STREET ADDRESS	110 N.W. 2ND AVE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32601		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SMITH JAMES		NAME		
STREET ADDRESS	3501 N.W. 30TH BLVD		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32605		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MANUSCO RAYMOND OJR		NAME		
STREET ADDRESS	2071 N.W. 21ST LANE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32605		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HUNTSMAN ROY W		NAME		
STREET ADDRESS	2605 N.W. 5TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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:

William Emerson

Sec

04/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dwelling Phone #

CR2E037 (11/00)