

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000002406**

1. Entity Name

GAMMA NU FOUNDATION, INCORPORATED

Principal Place of Business

**4930 WINCHESTER DRIVE
TITUSVILLE FL 32780**

Mailing Address

**P.O. BOX 771
COCOA FL 32923-0771**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3637856

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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	P	<input type="checkbox"/> Delete
NAME	BARTLEY, WILLIAM III	
STREET ADDRESS	4930 WINCHESTER DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	

TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, LEROY G	
STREET ADDRESS	4930 WINCHESTER DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	

TITLE	S	<input type="checkbox"/> Delete
NAME	DONALD, SYLVESTER	
STREET ADDRESS	4930 WINCHESTER DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	

TITLE	D	<input type="checkbox"/> Delete
NAME	CRAWFORD, JOHNNY R	
STREET ADDRESS	4930 WINCHESTER DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	

TITLE	D	<input type="checkbox"/> Delete
NAME	FORD, JAMES H JR.	
STREET ADDRESS	4930 WINCHESTER DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	

TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, ROBERT H	
STREET ADDRESS	4930 WINCHESTER DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	

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
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STREET ADDRESS		
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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		

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:

JOHNNY R. CRAWFORD**5/01****(321) 864-4646****FILED**
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91598 026 ****61.25

552525

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)