FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2001 8:00 am Secretary of State DOCUMENT # N00000006258 1. Entity Name 03-07-2001 90610 016 ****61.25 OMEGA DELTA SIGMA VETERANS FRATERNITY, INC. Principal Place of Business Mailing Address 3000 NW 63 STREET BLOG R RM 103 3000 NW 83 STREET BLDG R RM 103 GAINESVILLE FL 32606-6200 GAINESVILLE FL 32606-6200 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State <u> 59-3672991</u> Not Applicable Zip Country Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) STERMER, ROBERT A 8585 SW HWY 200 STE 9 OCALA FL 34481 Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to __ FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Dopartment of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Vice Presidua of Advertising | Merchandising Change TASON COTTEY 2777 SW BACHER RO ADT AJ308 Delete D National Treasurer CR2E037 (10/00) TITLE TITLE BRADELEY, JOHNNY NAME NAME STREET ADORESS STREET ADDRESS 3000 NW 83 STREET BLDG R RM 103 GAINESVIIL, FL 32608 CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32606-6200 National Vice Prischel | Change Tim Commy 3000 NW 83 STREET BLOG R RM 103 D National President Addition Delete TITLE ESPITIA, CARLOS NAME NAME STREET ADDRESS 3000 NW 83 STREET BLDG R RM 103 STREET ADDRESS GAINESVILLE FL 32606-6200 CITY-ST-ZIP GAINESVILLE F1 32606-6200 D. Vice President of Procure Muts . D. Delete. MORTON, DAVID Bradley-Johnny APT 37 Change ___ Addition TITLE TITLE NAME NAME Nathan Trensure STREET ADDRESS 3000 NW 83 STREET BLDG R RM 103 STREET ADDRESS bainiesville F1 32603 CITY-ST-ZIP CITY-ST-70 GAINESVILLE FL 32606-6200 D VIE CPICSION OF Alvani RUSC, MARK TITLE · 🔲 Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS 3000 NW 83 STREET BLDG R RM 103 CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32606-6200 D Vice Prisidet of States Addition TITLE ☐ Delete TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS 3000 NW 83 STREET BLDG R RM 103 CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32606-6200 ☐ Addition TITLE Delete TITLE ☐ Change Conway NW 63 STREET BLOGR PMIOS NAME 3000 NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 32606-6200 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 attactyrispt with an address, with all other like empowered.

PREQUIRED NAME OF SIGNING OFFICER OR DIRECTOR