

2002 UNIFORM BUSINESS REPORT (UBR)

5/9

FILED
May 29, 2002 8:00 am
Secretary of State

05-09-2002 90025 023 ****61.25

DOCUMENT # N01000003255

1. Entity Name

**ETA DELTA HOUSE CORPORATION OF DELTA GAMMA FRATE
 RNITY**

Principal Place of Business

Mailing Address

1845 PLEASANTVIEW DR. E.
 JACKSONVILLE FL 32225

1845 PLEASANTVIEW DR. E.
 JACKSONVILLE FL 32225

87951

2. Principal Place of Business

3. Mailing Address

815 Tournament Rd.

815 Tournament Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ponte Vedra Bch, FL

Ponte Vedra Bch, FL

Zip

Country

Zip

Country

32082

USA

32082

USA

4. FEI Number

#47-0858100

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

HAYS, DEBBY
1845 PLEASANTVIEW DR. E.
JACKSONVILLE FL 32225

Name **Sharon A. Clark**

Street Address (P.O. Box Number is Not Acceptable)
815 Tournament Rd.

City **Ponte Vedra Bch. FL** Zip Code **32082**

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

Sharon A. Clark

05-23-02

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 **SECRETARY** ☐ Delete
 NAME **HAYS, DEBBY**
 STREET ADDRESS **1845 PLEASANTVIEW DR. E.**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **YACK, SUSAN** ☒ Delete
 NAME **YACK, SUSAN**
 STREET ADDRESS **2688 SCOTT MILL LN.**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **PARKER, KATIE HARPER** ☒ Delete
 NAME **PARKER, KATIE HARPER**
 STREET ADDRESS **7524 SOUTHSIDE BLVD., #902**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **SHARON A. CLARK**
 STREET ADDRESS **815 TOURNAMENT RD.**
 CITY-ST-ZIP **PONTE VEDRA BCH, FL 32082**

TITLE **TREASURER** ☐ Change ☒ Addition
 NAME **MARYANNA MALONE**
 STREET ADDRESS **153 BOUGANVILLE DRIVE**
 CITY-ST-ZIP **PONTE VEDRA BCH, FL 32082**

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

TITLE ☐ Change ☐ Addition
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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:

Sharon A. Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/08/02 904-280-0000

Date

Daytime Phone #

CR2E037 (9/01)