

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 19, 2003 8:00 am
Secretary of State

01-16-2003 90083 008 ****61.25

DOCUMENT # N02000003240

1. Entity Name

TAU EPSILON PHI EPSILON DEUTERON, INC.



Principal Place of Business

Mailing Address

**2653 ERNEST
JACKSONVILLE FL 32204**

**2653 ERNEST
JACKSONVILLE FL 32204**

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

82-0541672

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

**TOLMACH, PETER L
1555 DELANEY DR.
1221
TALLAHASSEE FL 32309**

Name

Tolmach, Peter L.

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

347 SKATE DR

Tallahassee

City

Tallahassee

FL

Zip Code

32312

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	BOYLE, JAMES D	
STREET ADDRESS	2653 ERNEST ST	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOLMACH, PETER L	
STREET ADDRESS	1555 DELANEY DR. 1221	
CITY-ST-ZIP	TALLAHASSEE FL 32309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES D. Boyle D	
STREET ADDRESS	347 SKATE DR	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	Member-at-Large	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peter L. Tolmach D	
STREET ADDRESS	347 SKATE DR	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	Sean P. Gross Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sean P. Gross D	
STREET ADDRESS	127 2nd Ave. #4	
CITY-ST-ZIP	Jacksonville, Bch, FL 32250	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sean O. Minicler D	
STREET ADDRESS	1157 Sandune Ln.	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian Levine D	
STREET ADDRESS	127 2nd Ave #4	
CITY-ST-ZIP	Jacksonville Bch, FL 32250	
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)(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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 13, 2003
Date

850-212-3760
Daytime Phone #

CR2E037 (1/0/02)