

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90221 024 ****61.25

DOCUMENT # N02968

1. Entity Name

BETA TAU ZETA CHAPTER OF ZETA PHI BETA SORORITY,

Principal Place of Business

Mailing Address

~~10050 NW 101 ST~~
P.O. BOX 471000
MIAMI FL 33157
US

P O BOX 471000
P.O. BOX 471000
MIAMI FL 33247-1000
US

2. Principal Place of Business

Beta Tau Zeta Royal

3. Mailing Address

1749-1749 N.W. 54th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1345295

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, VERA
43440 NW 186 ST
MIAMI FL 33055

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	PD	☐ Delete
NAME	KOCH, FRANCENA J	
STREET ADDRESS	10850 S.W. 164TH ST.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	DVP	☐ Delete
NAME	RANDALL, LULA	
STREET ADDRESS	14305 SW 109 CT	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	S	☐ Delete
NAME	DAWKINS, DEBRA	
STREET ADDRESS	1840 NW 39 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	☐ Delete
NAME	BAKER, ANNIE B	
STREET ADDRESS	3802 OAK AVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	FVP	☐ Delete
NAME	GIBSON, SANDRA A DR	
STREET ADDRESS	20632 NE 7TH CT	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	D	☐ Delete
NAME	BULLARD, MARIETTA	
STREET ADDRESS	1035 N.W. 57TH ST	
CITY-ST-ZIP	MIAMI FL 33127	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	☒ Change ☐ Addition
NAME	Gibson, Sandra	
STREET ADDRESS	20632 N.W. 7th Court	
CITY-ST-ZIP	N.M.B., FL. 33179	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	☒ Change ☐ Addition
NAME	Victoria Cox	
STREET ADDRESS	3001 N.W. 205 St	
CITY-ST-ZIP	Miami, Fla. 33056	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	First Vice-President	☒ Change ☐ Addition
NAME	Josephine Davis-Rolle	
STREET ADDRESS	140 N.W. 168 Dr	
CITY-ST-ZIP	Miami, Fla. 33169	
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:

Sandra Gibson

4-28-00

305-651-5844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Device Phone #

C-7 (9/99)