

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07138

1. Entity Name

EPSILON TAU HOUSE CORPORATION OF DELTA GAMMA FRA

Principal Place of Business

3250 RIVERSIDE DRIVE
P. O. BOX 21397
COLUMBUS OH 43221-0397
US

Mailing Address

3250 RIVERSIDE DRIVE
P. O. BOX 21397
COLUMBUS OH 43221-0397

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

59-2547858

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

VANDER WEIDE, MELISSA A
5761 GATLIN AVE
#516
ORLANDO FL 32822

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME VANDER WEIDE, MELISSA A
STREET ADDRESS 5761 GATLIN AVE #516
CITY-ST-ZIP ORLANDO FL 32822 ☐ Delete

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

TITLE T
NAME RICHARDSON, AMY
STREET ADDRESS 1321 MAGNOLIA AVE
CITY-ST-ZIP WINTER PARK FL ☐ Delete

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

TITLE DC
NAME COKER, CAROL
STREET ADDRESS 3250 RIVERSIDE DR.
CITY-ST-ZIP COLUMBUS OH 43221 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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: *X MELISSA A VANDER WEIDE, President,*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00 (407) 839-4200

Date Daytime Phone #

CR2E037 (9/99)