

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N07138**

1. Entity Name

EPSILON TAU HOUSE CORPORATION OF DELTA GAMMA FRA**FILED**
Feb 12, 2001 8:00 am
Secretary of State

01-25-2001 90015 006 ****61.25

Principal Place of Business

Mailing Address

3250 RIVERSIDE DRIVE
P. O. BOX 21397
COLUMBUS OH 43221-0397
US3250 RIVERSIDE DRIVE
P. O. BOX 21397
COLUMBUS OH 43221-7397

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 32822Name Patricia B. Sampson

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

564 Pleasant Grove Dr.City Winter Springs

FL

Zip Code 32708

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

Patricia B. Sampson, HouseCorp President

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

(NOTE: Registered Agent signature required when reinstating)

Patricia B. Sampson 1/12/01

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 NAME STREET ADDRESS CITY - ST - ZIP	PD VANDER WEIDE, MELISSA A 5761 GATLIN AVE #516 ORLANDO FL 32822 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	HouseCorp President Patricia B. Sampson 564 Pleasant Grove Dr. Winter Springs FL 32708 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RICHARDSON, AMY 1321 MAGNOLIA AVE WINTER PARK FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	HouseCorp Secretary Maria Crawford 376 Woodbury Pines Cir. Orlando FL 32828 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC COKER, CAROL 3250 RIVERSIDE DR. COLUMBUS OH 43221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC Coker, Carol 3250 Riverside Dr. Columbus Ohio 43221 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Patricia B. Sampson **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01

Date

407 359 3883

Daytime Phone #

CR2E037 (10/00)