

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90227 009 ****61.25

DOCUMENT # N15424

1. Entity Name

ZETA TAU ZETA OF LAMBDA CHI ALPHA ALUMNI ASSOCIA

Principal Place of Business

Mailing Address

25 S. MAGNOLIA AVE.
 ORLANDO FL 32801

25 S. MAGNOLIA AVE.
 ORLANDO FL 32801-2603

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

59-0155620

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

80031142



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANIELS, ROBERT L. JR.
25 SOUTH MAGNOLIA AVENUE
ORLANDO FL 32801

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 NAME	D PERONTI, VIC	<input type="checkbox"/> Delete
STREET ADDRESS	317 BRANTLEY CLUB PLACE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE NAME	DT DANIELS, BOB	<input type="checkbox"/> Delete
STREET ADDRESS	124 ANNIE STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE NAME	PD SCHROETER, TONY	<input type="checkbox"/> Delete
STREET ADDRESS	1140 LEMOWOOD DR	
CITY-ST-ZIP	DELAND FL 32724	
TITLE NAME	DV LUCAS, ROB	<input type="checkbox"/> Delete
STREET ADDRESS	435 SE 12 PLACE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE NAME	D MULFINGER, CHARLES	<input type="checkbox"/> Delete
STREET ADDRESS	3416 ALMERIA AVE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE NAME	DS SUAREZ, PETE	<input type="checkbox"/> Delete
STREET ADDRESS	433 DAROCO AVE	
CITY-ST-ZIP	CORAL GABLES FL 33146	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Robert L. Daniels Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/00

Date

407-473-8832

Daytime Phone #

CR2E037 (9/99)