

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90197 020 ****61.25

DOCUMENT # N15424

1. Entity Name

ZETA TAU ZETA OF LAMBDA CHI ALPHA ALUMNI ASSOCIATION AND HOUSING CORPORATION

00140031

Principal Place of Business

Mailing Address

25 S. MAGNOLIA AVE.
 ORLANDO FL 32801

25 S. MAGNOLIA AVE.
 ORLANDO FL 32801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0155620

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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. 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

After September 13, 2002, min. will be \$236.25.

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

TITLE	D/VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	G.A. MITCHESON	
STREET ADDRESS	1726 FOLLOW THRU RD., N.	
CITY-ST-ZIP	St. Petersburg, FL 33710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(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 information.

SIGNATURE:

Robert L. Daniels, Jr. ROBERT L. DANIELS, JR. TREAS. 7/8/02 407-423-8832

CR2E037 (4/02)