

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90087 011 ****61.25

DOCUMENT # N19936

1. Entity Name

CHI OMEGA HOUSING CORPORATION

Principal Place of Business

1503 NW 52ND TERR
 GAINESVILLE FL 32605
 US

Mailing Address

1503 NW 52ND TERR
 GAINESVILLE FL 32605-4445
 US

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

59-6135388

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

00001340



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OSMUN, MARTHA W
1503 NW 52ND TERR
GAINESVILLE FL 32605

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 Delete
 NAME **PD PATRICK, SHERRY**
 STREET ADDRESS **807 N.W. 42 TERRACE**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE Delete
 NAME **VO OLINGER, SANDRA**
 STREET ADDRESS **4914 SW 95 TERRACE**
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE Delete
 NAME **TD OSMUN, MARTHA W**
 STREET ADDRESS **1503 NW 52ND TERR**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE Delete
 NAME **SD PAGE, JANE**
 STREET ADDRESS **352 NW 48TH BLVE**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 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 I am empowered.

SIGNATURE:

Sig Martha W. Osmon **Martha W. Osmon** 1-6-00 (352) 375-7249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)