

2002 UNIFORM BUSINESS REPORT (UBR)

9/8/

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-08-2002 90131 018 ****61.25

DOCUMENT # N34856

1. Entity Name

THE TKE-XI IOTA HOUSING CORPORATION

Principal Place of Business

Mailing Address

OFFICE OF STUDENT ACTIVITIES. UCF
P.O. BOX 163245
ORLANDO FL 32816
US

OFFICE OF STUDENT ACTIVITIES. UCF
P.O. BOX 163245
ORLANDO FL 32816
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OVIEDO, FL

4. FEI Number

65-0198769

Applied For

Not Applicable

Zip

Country

Zip

Country

32765

USA

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

MACALUSO, TODD

**2216 PINE PARK TRAIL, APT. 2714
ORLANDO FL 32817**

Name

WALTERS, THOMAS G.

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

760 LONG LAKE DR.

City

OVIEDO

FL

Zip Code

32765

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6 SEPT 2002

**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 ☐ Delete
NAME **D**
STREET ADDRESS **AVILA, ORLANDO J**
CITY-ST-ZIP **7427 GATEHOUSE CIRCLE, APT. 198
ORLANDO FL 32907**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RUDLOFF, ALEX**
CITY-ST-ZIP **3480 N. RIVERSIDE DR
INDIANLANTIC FL 32903**

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **MACALUSO, TODD**
CITY-ST-ZIP **2216 PINE PARK TRAIL, APT. 2714
ORLANDO FL 32817**

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR "D"**
STREET ADDRESS **CHAPTER ADVISOR**
CITY-ST-ZIP **THOMAS G. WALTERS
760 LONG LAKE DRIVE**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **OVIEDO, FL**
STREET ADDRESS **32765-8557**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

CR2E037 (4/02)

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:

Thomas G. Walters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6 SEPT 2002 (407) 977-4747

Attachment

Thomas G. Walters
760 Long Lake Drive
Oviedo, FL 32765-8557
(407) 977-4747 FAX (407) 977-0304

September 16, 2002

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

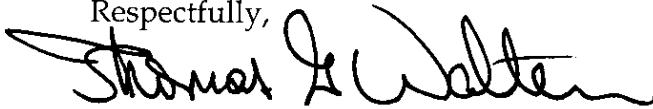
Subject: THE TKE-XI IOTA HOUSING CORPORATION

Reference Number: N34856

99698

My Apologies, I serve as Chapter Advisor to the college fraternity TKE. I automatically use that title when corresponding for them. In the context of the State of Florida, I would be considered a Director.

Respectfully,



Thomas G. Walters