

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003640

1. Entity Name

ALPHA TAU OMEGA FRATERNITY, ALPHA OMEGA CHAPTER,

Principal Place of Business

2937 BUTLER BAY DRIVE NORTH
WINDERMERE FL 34786

Mailing Address

2937 BUTLER BAY DRIVE NORTH
WINDERMERE FL 34786

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 59-0140545

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KASKEY, TIM W
2610 NW 43RD STREET, STE. 1D
GAINESVILLE FL 32606

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 D ☐ Delete
NAME ~~THILLER, BEN~~ MATT RICE
STREET ADDRESS 207 S W 13TH ST
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE D ☐ Delete
NAME ~~WELLS, JASON~~ BEN CORNETT
STREET ADDRESS 207 SW 13TH ST
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE D ☐ Delete
NAME ~~BARNETT, BO~~ FRANK MATURO
STREET ADDRESS 207 SW 13TH STREET
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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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:

SIGNATURE REQUIRED
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

3-17-01

407-876-6999

Date

Daytime Phone #

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90170 025 ***162.50

818226



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)