

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90178 040 \*\*\*\*61.25

0061458

**DOCUMENT # N93000003640**

1. Entity Name

**ALPHA TAU OMEGA FRATERNITY, ALPHA OMEGA CHAPTER,  
INC.**



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

**207 SW 13 STREET**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 357038**

Suite, Apt. #, etc.

City & State

**GAINESVILLE, FL**

City & State

**GAINESVILLE, FL**

Zip

**32601**

Country

**USA**

Zip

**32635-7038**

Country

**USA**

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. 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

**4-30-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE **D** ☐ Delete  
NAME **MATURO, FRANK**  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)