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

FILED
Mar 19, 2002 8:00 am
Secretary of State
03-19-2002 90035 008 ****61.25

DOCUMENT # N93000005533

1. Entity Name
Beta Tau Chapter House Corporation of Sigma Kappa Sorority

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1108 E. Panhellenic Dr. Sigma Kappa NHC	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 8733 Founders Rd.
City & State Gainesville, FL	City & State Indianapolis, IN
Zip 32601 Country USA	Zip 46268 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3189916 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

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	President, Director
NAME	Sherri Johnson
STREET ADDRESS	275 Heron's Run Dr. #718
CITY-ST-ZIP	Sarasota, FL 34232
TITLE	Vice President, Director
NAME	Missy Storer
STREET ADDRESS	4455 SW 34th St. #G-40
CITY-ST-ZIP	~~Gainesville, FL 32608~~
TITLE	Secretary, Director
NAME	Jessica Nemec
STREET ADDRESS	5950 SW 20th Ave. #60
CITY-ST-ZIP	Gainesville, FL 32607
TITLE Gainesville	Treasurer, Director
NAME	Danielle Brun
STREET ADDRESS	114 Rowland Rd.
CITY-ST-ZIP	Lehigh Acres, FL 33936
TITLE	Director
NAME	Gwynne Kelton
STREET ADDRESS	2701 SW 13th St. #C-3
CITY-ST-ZIP	Gainesville, FL 32608
TITLE	Director
NAME	Summer Rodeghero
STREET ADDRESS	142 Lake Arbor Dr.
CITY-ST-ZIP	Palm Springs, FL 33461

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3-5-02 (941)952-1070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037B (12/01)