

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90029 017 ****61.25

DOCUMENT # N95000004390

1. Entity Name

GAMMA ETA EDUCATIONAL FOUNDATION, INC.**00007584**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**2246 MONAGHAN DRIVE
TALLAHASSEE FL 32308****2246 MONAGHAN DRIVE
TALLAHASSEE FL 32308-3125**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3338740

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RUFF, P M
2246 MONAGHAN DRIVE
TALLAHASSEE FL 32308**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	YEARTY, JOHN A	PO BOX 38448 N/A	TALLAHASSEE FL 32315				
VD	RUFF, P M	2246 MONAGHAN DR	TALLAHASSEE FL 32308				
SD	MURRAY, EDWARD	3382 NE CAPITAL CIRCLE	TALLAHASSEE FL 32308				
TD	CLEMENTS, MERRITT R JR	625 N ADAMS ST	TALLAHASSEE FL 32301				
D	WILLIAMSON, DENNIS	PO BOX 1489 N/A	TALLAHASSEE FL 32302				

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00 850-668-9518

CR2E037 (9/99)