

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

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90165 005 \*\*\*\*61.25

**DOCUMENT # N95000004390**

1. Entity Name

**GAMMA ETA EDUCATIONAL FOUNDATION, INC.**



Principal Place of Business

**2246 MONAGHAN DRIVE  
TALLAHASSEE FL 32308**

Mailing Address

**2246 MONAGHAN DRIVE  
TALLAHASSEE FL 32308**

2. Principal Place of Business

*Same*

Suite, Apt. #, etc.

3. Mailing Address

*Same*

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3338740**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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

**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: **PD** ☐ Delete  
NAME: **YEARTY, JOHN A**  
STREET ADDRESS: **PO BOX 38448 N/A**  
CITY-ST-ZIP: **TALLAHASSEE FL 32315**

TITLE: **VD** ☐ Delete  
NAME: **RUFF, P M**  
STREET ADDRESS: **2246 MONAGHAN DR**  
CITY-ST-ZIP: **TALLAHASSEE FL 32308**

TITLE: **SD** ☐ Delete  
NAME: **MURRAY, EDWARD**  
STREET ADDRESS: **3382 NE CAPITAL CIRCLE**  
CITY-ST-ZIP: **TALLAHASSEE FL 32308**

TITLE: **TD** ☐ Delete  
NAME: **CLEMENTS, MERRITT R JR**  
STREET ADDRESS: **625 N ADAMS ST**  
CITY-ST-ZIP: **TALLAHASSEE FL 32301**

TITLE: **D** ☐ Delete  
NAME: **WILLIAMSON, DENNIS**  
STREET ADDRESS: **PO BOX 1489 N/A**  
CITY-ST-ZIP: **TALLAHASSEE FL 32302**

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:

*P. Michael Ruff*  
**SIGNATURE RECEIVED** *Michael Ruff* *5/23/03* *(850)* *488-9675*

CR2E037 (10/02)