2001 UNIFORM BUSINESS REPORT (UBR)

Sep 12, 2001 8:00 am Secretary of State DOCUMENT # N95000004411 1. Entity Name 09-12-2001 90107 018 ****61.25 BETA ETA SIGMA NATIONAL HONORARY, INC. Principal Place of Business Mailing Address 145 TIGERT HALL 145 TIGERT HALL UNIV OF FLA. BOX 113050 UNIV OF FLA. BOX 113050 GAINESVILLE FL 32611 GAINESVILLE FL 32611 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HART, JACQUELYN D 145 TIGERT HALL, UNIVERSITY OF FLORIDA **GAINESVILLE FL 32611** City Zip Code FL 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 Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Addition ☐ Change HART, JACQUELYN D PH.D. NAME NAME STREET ADDRESS 1236 S.E. 13TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32602** TITLE ☐ Delete TITLE ☐ Change ☐ Addition SCOTT, JAMES E PH.D. NAME NAME STREET ADDRESS **821 MASTERS DRIVE** STREET ADDRESS CITY-ST-ZIP STONE MOUNTAIN GA 30087 CITY-ST-ZIP TITLE ~ 🖃 : Delete ∽ TITLE Change ☐ Addition PARKER, AVA LORA NAME NAME STREET ADDRESS 352 TIGERT HALL, UNIVERSITY OF FLORIDA STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL 32611** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change HILLIARD, QUINCY C PH.D. NAME NAME STREET ADDRESS **104 BRICKERTON** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAFAYETTE LA 70508-7729 TITLE ☐ Delete TITLE ☐ Change ☐ Addition WILSON, ANITRA CURLEY PH.D. NAME NAME STREET ADDRESS 1555 DELANEY DRIVE, APT, 1406 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308-3471 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FOUNTAIN, JUANITA C PH.D. NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

acquely HANSIRED

352 TIGERT HALL, UNIVERSITY OF FLORIDA

GAINESVILLE FL 32611

9-3-01

FILED