

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004411

1. Entity Name

BETA ETA SIGMA NATIONAL HONORARY, INC.

Principal Place of Business

145 TIGERT HALL
UNIV OF FLA. BOX 113050
GAINESVILLE FL 32611

Mailing Address

145 TIGERT HALL
UNIV OF FLA. BOX 113050
GAINESVILLE FL 32611

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

HART, JACQUELYN D
145 TIGERT HALL, UNIVERSITY OF FLORIDA
GAINESVILLE FL 32611

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

After September 13, 2002,
min. will be \$236.25.

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
DP
HART, JACQUELYN D PH.D.
1236 S.E. 13TH AVENUE
GAINESVILLE FL 32602 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCOTT, JAMES E PH.D.
821 MASTERS DRIVE
STONE MOUNTAIN GA 30087 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Dr.
Scott, James E.
155 Tigert Hall, PO Box 113250
Gainesville, FL 32611-3250 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PARKER, AVA LORA
352 TIGERT HALL, UNIVERSITY OF FLORIDA
GAINESVILLE FL 32611 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HILLIARD, QUINCY C PH.D.
104 BRICKERTON
LAFAYETTE LA 70508-7729 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILSON, ANITRA CURLEY PH.D.
1555 DELANEY DRIVE, APT. 1406
TALLAHASSEE FL 32308-3471 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FOUNTAIN, JUANITA C PH.D.
352 TIGERT HALL, UNIVERSITY OF FLORIDA
GAINESVILLE FL 32611 ☐ Delete

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

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:

Jacquelyn D. Hart

Jacquelyn D. Hart 9/10/2002 352-392-6004

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90097 038 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)