

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90716 044 ****61.25

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



☐ CHECK HERE IF MAKING CHANGES

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
NAME **HART, JACQUELYN D PH.D.**
STREET ADDRESS **1236 S.E. 13TH AVENUE**
CITY-ST-ZIP **GAINESVILLE FL 32602**

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

TITLE **D** ☐ Delete
NAME **SCOTT, JAMES E DR**
STREET ADDRESS **155 TIGERT HALL PO BOX 113250**
CITY-ST-ZIP **GAINESVILLE FL 32611-3250**

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

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

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

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

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

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

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

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

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:

Jacquelyn D Hart **RED**

4-27-03 352-392-6004

CR2E037 (10/02)