

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001194

1. Entity Name

GAMMA RHO INTERNATIONAL EDUCATIONAL FOUNDATION,

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90191 016 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1713 TALPECO ROAD  
C/O CRAIG EISNER  
TALLAHASSEE FL 32303  
US

THETA CHI INTERNATIONAL  
P.O. BOX 10138  
TALLAHASSEE FL 32302-2138  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1468001

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

EISNER, CRAIG  
1730 BEECHWOOD CIRCLE NORTH  
TALLAHASSEE FL 32301

Name

Craig Eisner

Street Address (P.O. Box Number is Not Acceptable)

1713 Talpeco Rd

City

Tallahassee

FL

Zip Code

32303

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

*Craig Eisner*

Craig Eisner

2-10-00

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 D ☐ Delete  
NAME EISNER, CRAIG  
STREET ADDRESS 1713 TALPECO ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE D ☐ Delete  
NAME HALLAS, ALLEN  
STREET ADDRESS 12100 SW 87TH COURT  
CITY-ST-ZIP MIAMI FL 33157

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

TITLE D ☐ Delete  
NAME HUEL, WHEELER  
STREET ADDRESS 2929 WOODSIDE DR.  
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE D ☐ Delete  
NAME SWINSKI, JOE  
STREET ADDRESS 4723 PINTAIL DR.  
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE D ☐ Delete  
NAME TAYLOR, RAYFORD  
STREET ADDRESS 317 N CALHOUN ST  
CITY-ST-ZIP TALLAHASSEE FL 32302

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

TITLE ☐ Delete  
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:

*Craig Eisner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/00

850 523 7877

Date Daytime Phone #

CR2E037 (9/99)