

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001194

1. Entity Name

GAMMA RHO INTERNATIONAL EDUCATIONAL FOUNDATION,

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90074 017 ****61.25

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

1109 Lasswade Dr.

3. Mailing Address

Suite, Apt. #, etc.

c/o Craig Eisner

City & State
Tallahassee FL

City & State

Zip
32312

Country
USA

Zip

Country

4. FEI Number 31-1468001

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EISNER, CRAIG
1713 TALPECO ROAD
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

Eisner, Craig

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

1109 Lasswade Dr.

City

Tallahassee

FL

Zip Code

32312

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EISNER, CRAIG 1713 TALPECO ROAD TALLAHASSEE FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALLAS, ALLEN 12100 SW 87TH COURT MIAMI FL 33157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUEL, WHEELER 2929 WOODSIDE DR. TALLAHASSEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWINSKI, JOE 4723 PINTAIL DR. TALLAHASSEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, RAYFORD 317 N CALHOUN ST TALLAHASSEE FL 32302	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Eisner, Craig 1109 Lasswade Dr. Tallahassee - FL 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-01

850 523 7877

Date

Daytime Phone #

CR2E037 (10/00)