

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002868

1. Entity Name

DELTA KAPPA OMEGA HOUSING FOUNDATION AND SERVICE

Principal Place of Business

3030 FEENEY CT
TALLAHASSEE FL 32308

Mailing Address

3030 FEENEY CT
TALLAHASSEE FL 32308-2756

2. Principal Place of Business

409 Conyers Street

3. Mailing Address

409 Conyers Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Havanna, FL

City & State

Havanna, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip
32333

Country
USA

Zip
32333

Country
USA

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

HOGG, ROSE L
3030 FEENEY CT
TALLAHASSEE FL 32308

Name LeRosa V. Browne

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

409 Conyers Street

City Havanna

FL

Zip Code
32333

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

LeRosa V. Browne

5/7/00

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 DP ☒ Delete
NAME HOGG, ROSE
STREET ADDRESS 3030 FEENEY CT.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE DP ☒ Change ☐ Addition
NAME LeRosa V. Browne
STREET ADDRESS 409 Conyers Street
CITY-ST-ZIP Havanna, FL 32333

TITLE DT ☐ Delete
NAME HARPER, VERA
STREET ADDRESS 2384 WINTERGREEN RD
CITY-ST-ZIP TALLAHASSEE FL 32308

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

TITLE RFTD ☐ Delete
NAME WILLIAMS, MICHELLE
STREET ADDRESS 1487 GREY FOX RUN
CITY-ST-ZIP TALLAHASSEE FL 32311

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

TITLE ☐ Delete
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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:

SIGNATURE REQUIRED

Vera J. Harper

5/7/00

850-599-8358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)