

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
 05-16-2001 90105 040 ****61.25

DOCUMENT # N96000003525

1. Entity Name

ZETA EDUCATIONAL THESPIAN ASSOCIATION, INC.

Principal Place of Business

**11 TAYLOR STREET
 EATONVILLE FL 32751**

Mailing Address

**POST OFFICE BOX 6224
 TALLAHASSEE FL 32314**

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

59-3384732

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

**GALLMAN, HELEN B
 801 KOTTLE CIRCLE
 DAYTONA BEACH FL 32114**

**Mrs. LaVon Jennings
 9223 Allwood Place
 Orlando, FL 32825**

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: LaVon Jennings

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 **PD** ☐ Delete
 NAME **PICKETT, ROSA S**
 STREET ADDRESS **1827 DEVRA DRIVE**
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

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

TITLE **ED** ☐ Delete
 NAME **BROWN, ROSA T**
 STREET ADDRESS **2825 W. ORANGE AVE.**
 CITY-ST-ZIP **TALLAHASSEE FL 32310-5911**

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

TITLE **T** ☐ Delete
 NAME **WILLIAMS, MARTHA T**
 STREET ADDRESS **3035 LAFAYETTE ST.**
 CITY-ST-ZIP **FORT MYERS FL 33916**

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

TITLE **S** ☒ Delete
 NAME **WITHERS, ESTHER**
 STREET ADDRESS **17500 SW 100TH ST**
 CITY-ST-ZIP **MIAMI FL 33023**

TITLE ☐ Change ☐ Addition
 NAME **Mrs. Leona T. Sumpter**
 STREET ADDRESS **820 Crawford Street**
 CITY-ST-ZIP **Quincy, FL 32351**

TITLE **S** ☐ Delete
 NAME **BROWN, ELAINE H**
 STREET ADDRESS **807 E. 31ST STREET**
 CITY-ST-ZIP **PALMETTO FL 34221**

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

TITLE **VD** ☐ Delete
 NAME **HILL, ANNIE H**
 STREET ADDRESS **2004 W. GORE STREET**
 CITY-ST-ZIP **ORLANDO FL 32805**

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: ROSA T BROWN *Rosa T Brown* **03/01/01 (850) 575-2522**

CR2E037 (10/00)