

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90017 040 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # **N96000005289**

1. Entity Name

Zeta Zeta House Corporation of the Sigma Nu Fraternity, Inc.

Principal Place of Business

Mailing Address

PO Box 225
Tallahassee, FL 32302
- 0225

PO Box 225
Tallahassee, FL 32302
- 0225

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3417748

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

Sutton, William F Jr.
1819 Easton Forest Dr.
Tallahassee, FL 32311

Name **Voigt, Stephen F. Jr.**

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

2414 Bee Ridge Rd.

City **Sarasota**

FL

Zip Code **34239**

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 resigning)

DATE

5/24/00

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**
NAME **Gunderson, Brian**
STREET ADDRESS **19503 Wyndmill Circle**
CITY-ST-ZIP **Odessa, FL 33556**

☒ Delete

TITLE **PD**
NAME **Matt Goolsby**
STREET ADDRESS **230 Preston Oaks Dr.**
CITY-ST-ZIP **Alpharetta, GA 30022**

☒ Change ☐ Addition

TITLE **TD**
NAME **Goolsby, Matt**
STREET ADDRESS **4587 Kingsgate Drive**
CITY-ST-ZIP **Atlanta, GA 30338**

☒ Delete

TITLE **TD**
NAME **P. Jason Jagdmann**
STREET ADDRESS **944 Empress Lane**
CITY-ST-ZIP **Orlando, FL 32825**

☒ Change ☐ Addition

TITLE **S/D**
NAME **Stansbury, James D.**
STREET ADDRESS **2808 Cavan Dr**
CITY-ST-ZIP **Tallahassee, FL 32308**

☒ Delete

TITLE **S/D**
NAME **Brown, Kyle**
STREET ADDRESS **324 S Island Circle**
CITY-ST-ZIP **1605 Main St., Suite 606**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP **Sarasota, FL 34236**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

P. Jason Jagdmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/00

Date

(321) 867-5714

Daytime Phone

CR2E037 (9/99)