

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N97000002825**

1. Entity Name

**DELTA GAMMA HOUSE CORPORATION - GAMMA MU CHAPTER****FILED****Jan 18, 2001 8:00 am  
Secretary of State**

01-18-2001 90008 020 \*\*\*\*61.25

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Principal Place of Business

**143 N. COPELAND  
TALLAHASSEE FL 32304**

Mailing Address

**234 OFFICE PLAZA DRIVE  
TALLAHASSEE FL 32301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**23-7075874**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**PERKINS, MARY W  
243 OFFICE PLAZA DR.  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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	PD	<input type="checkbox"/> Delete
NAME	WATTS, SANDRA	
STREET ADDRESS	611 BORDERLINE DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	SPARKMAN, KATHY	
STREET ADDRESS	2800 ASBURY HILL	
CITY-ST-ZIP	TALLAHASSEE FL 32312	

TITLE	TD	<input type="checkbox"/> Delete
NAME	PERKINS, MARY WARREN	
STREET ADDRESS	234 OFFICE PLAZA SR	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/10/01  
Date(850) 878-3131  
Daytime Phone #

CR2E037 (10/00)