

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90095 048 ****61.25

DOCUMENT # N97000002825

1. Entity Name

DELTA GAMMA HOUSE CORPORATION - GAMMA MU CHAPTER

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 & State

City & 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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------|---------------------------------|
| 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 |
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| 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:

Mary Warren Perkins
 SIGNATURE REQUIRED

2/11/02

(850) 878-3131

CR2E037 (9/01)