

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90029 016 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N98000005934

1. Entity Name

GAMMA ETA MANSION CORPORATION

Principal Place of Business

Mailing Address

2831 YARMOUTH CT.
TALLAHASSEE FL 32308

P.O. BOX 38448
TALLAHASSEE FL 32315-8448

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3569843

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

RUFF, P. MICHAEL
2246 MONAGHAN DR.
TALLAHASSEE FL 32308

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:
FEES 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 YEARTY, JOHN A
STREET ADDRESS P.O. BOX 38448
CITY-ST-ZIP TALLAHASSEE FL 32315

TITLE ☒ Change ☐ Addition
NAME **PD**
Murray, Edward
STREET ADDRESS **1018 Thomasville Rd.**
CITY-ST-ZIP **Tallahassee FL 32303**

TITLE VD ☐ Delete
NAME MURRAY, EDWARD
STREET ADDRESS 1018 THOMASVILLE RD.
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☒ Change ☐ Addition
NAME **VD**
Yearth, John A.
STREET ADDRESS **P.O. Box 38448**
CITY-ST-ZIP **Tallahassee, FL 32315**

TITLE SD ☐ Delete
NAME RUFF, P. MICHAEL
STREET ADDRESS 2246 MONAGHAN DR.
CITY-ST-ZIP TALLAHASSEE FL 32308

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

TITLE TD ☐ Delete
NAME CLEMENTS, MERRIT R JR
STREET ADDRESS 625 N. ADAMS ST.
CITY-ST-ZIP TALLAHASSEE FL 32302

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

TITLE D ☐ Delete
NAME CAMPBELL, CLAYTON
STREET ADDRESS 2831 YARMOUTH CT.
CITY-ST-ZIP TALLAHASSEE FL 32308

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

TITLE D ☐ Delete
NAME ERVIN, WILLIAM
STREET ADDRESS 2831 YARMOUTH CT.
CITY-ST-ZIP TALLAHASSEE FL 32308

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)