

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90046 007 ***150.00

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DOCUMENT # P99000024167

1. Entity Name

GAMMA BETA ALUMNI CORPORATION

Principal Place of Business

**636 E. MELBOURNE AVE
MELBOURNE FL 32901**

Mailing Address

**P.O. BOX 82
MELBOURNE FL 32901**

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

59-3198716

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

**NOTZ, TROY
1924 RUDDER DRIVE
VALRICO FL 33594**

Name

LEE FREY

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

457 CLUB TRAIL #6

City

MELBOURNE

FL

Zip Code

32901

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

LEE FREY, PRESIDENT

01/06/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **NOTZ, TROY**
STREET ADDRESS **1924 RUDDER DRIVE**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **LEE FREY**
STREET ADDRESS **457 CLUB TRAIL #6**
CITY-ST-ZIP **MELBOURNE, FL. 32901**

TITLE **T** ☐ Delete
NAME **BONCK, STEVE**
STREET ADDRESS **2805 STRAND LOOP COURT**
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **CHRIS DURIE**
STREET ADDRESS **3300 WEDGEWOOD DRIVE NE #207**
CITY-ST-ZIP **PALM BAY, FL 32905**

TITLE **S** ☐ Delete
NAME **WENDLING, CHARLES**
STREET ADDRESS **1253 WINDING MEADOWS ROAD**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **ADAM KAY**
STREET ADDRESS **151 EBER RD. #106**
CITY-ST-ZIP **MELBOURNE, FL. 32901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **MICHAEL CIOLFI**
STREET ADDRESS **636 E. MELBOURNE AVE**
CITY-ST-ZIP **MELBOURNE, FL. 32901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED LEE FREY (PRESIDENT)

01/06/02

Date

Daytime Phone #

321-722-

9898

CR2E034 (9/01)