

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90074 014 ***150.00

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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

FREY, LEE
457 CLUB TRAIL
#6
MELBOURNE FL 32901

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/13/2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **FREY, LEE**
STREET ADDRESS **457 CLUB TRAIL #6**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **FREY, LEE**
STREET ADDRESS **2522 PALM PLACE DR., NE**
CITY-ST-ZIP **PALM BAY, FL. 32905**

TITLE **T** ☐ Delete
NAME **DURIE, CHRIS**
STREET ADDRESS **3300 WEDGEWOOD DRIVE NE #207**
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **SERRADAS, DAVID**
STREET ADDRESS **3589 EGRET DR.**
CITY-ST-ZIP **MELBOURNE, FL. 32901**

TITLE **S** ☐ Delete
NAME **KAY, ADAM**
STREET ADDRESS **151 EBER RD #106**
CITY-ST-ZIP **MELBOURNE FL 32901**

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

TITLE **V** ☐ Delete
NAME **CIOLFI, MICHAEL**
STREET ADDRESS **636 E. MELBOURNE AVE**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **BOCK, CLIFFORD**
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

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEE FREY

Date

Daytime Phone #

01/13/2003 **2400 x544**

CR2E034 (10/02)