

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90018 001 *****61.25

DOCUMENT # 751848

1. Entity Name

THE LADIES AUXILIARY OF THE GREATER TAMPA SHOWME

Principal Place of Business

Mailing Address

608 N. WILLOW AVE.
TAMPA FL 33606

608 N. WILLOW AVE.
TAMPA FL 33606

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

59-0590097

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

WEISS, JEANETTE A
500 S HIMES AVE # 19
TAMPA FL 33609

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 Jeanette A. Weiss
Signature, typed or printed name of registered agent and title if applicable.

Secretary
(NOTE: Registered Agent signature required when reinstating)

4/12/01
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 ☒ Delete
NAME ROJAS, ROSEMARY
STREET ADDRESS 10205 HIGH AVE
CITY-ST-ZIP TAMPA FL 33610

TITLE PD ☒ Change ☐ Addition
NAME Wilson, Monica R
STREET ADDRESS 8703 Imperial Ct
CITY-ST-ZIP TAMPA, FL 33635

TITLE VD ☒ Delete
NAME LEILA, NICOLLE W
STREET ADDRESS 3607 CORONA AVE
CITY-ST-ZIP TAMPA FL 33629

TITLE VD ☒ Change ☐ Addition
NAME ATKINS, Ashlyn
STREET ADDRESS 4504 Cameron Ave
CITY-ST-ZIP TAMPA, FL 33611

TITLE VD ☐ Delete
NAME WILSON, MONICA R
STREET ADDRESS 8703 IMPERIAL CT
CITY-ST-ZIP TAMPA FL 33635

TITLE VD ☐ Change ☒ Addition
NAME O'Neil, Leah
STREET ADDRESS 680 Lovell
CITY-ST-ZIP ST. PAUL, Mn 55113

TITLE VD ☐ Delete
NAME ATKINS, ASHLYN
STREET ADDRESS 4504 CAMERON AVE
CITY-ST-ZIP TAMPA FL 33641

TITLE VD ☐ Change ☒ Addition
NAME Thomas, Jean
STREET ADDRESS 7028 W. Waters Ave #223
CITY-ST-ZIP TAMPA, FL 33634

TITLE SD ☐ Delete
NAME WEISS, JEANETTE
STREET ADDRESS 500 S HIMES #19
CITY-ST-ZIP TAMPA FL 33609

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

TITLE TD ☒ Delete
NAME KENNEDY, MELISSA
STREET ADDRESS 10958 TAYLOR RD
CITY-ST-ZIP THONOTOSASSA FL 33592

TITLE Treasurer ☒ Change ☐ Addition
NAME Thomas, Lillian
STREET ADDRESS 12734 Woodbury Trail
CITY-ST-ZIP TAMPA, FL 33625

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 OF JEANETTE A. WEISS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01 (813) 839-7004
Date Daytime Phone #

CR2E037 (10/00)