

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90825 031 ****61.25

DOCUMENT # 751848

1. Entity Name

**THE LADIES AUXILIARY OF THE GREATER TAMPA SHOWME
N'S ASSOCIATION, INC.**

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, Secretary

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

(NOTE: Registered Agent signature required when reinstating)

3/20/02

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

TITLE **PD** ☒ Delete
NAME **WILSON, MONICA R**
STREET ADDRESS **8703 IMPERIAL CT**
CITY-ST-ZIP **TAMPA FL 33635**

TITLE **VD** ☐ Delete
NAME **ATKINS, ASHLYN**
STREET ADDRESS **4504 CAMERON AVE**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **VD** ☐ Delete
NAME **O'NEIL, LEAH**
STREET ADDRESS **680 LOVELL**
CITY-ST-ZIP **SAINT PAUL MN 55113**

TITLE **VD** ☐ Delete
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 **T** ☐ Delete
NAME **THOMAS, LILLIAN**
STREET ADDRESS **12734 WOODBURY TRAIL**
CITY-ST-ZIP **TAMPA FL 33625**

11. ADDITIONS/CHANGES TO OFFICERS' AND DIRECTORS IN 10

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

TITLE **VD** ☐ Change ☐ Addition
NAME **O'Neil, Leah**
STREET ADDRESS **680 Lovell**
CITY-ST-ZIP **SAINT PAUL, MN 55113**

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

TITLE **VD** ☐ Change ☒ Addition
NAME **PHILLIPS, ELIZABETH**
STREET ADDRESS **4503 Burton Rd.**
CITY-ST-ZIP **Plant City, FL 33565**

TITLE **SD** ☐ Change ☐ Addition
NAME **Weiss, Jeanette**
STREET ADDRESS **4205 LAPALMA CT**
CITY-ST-ZIP **TAMPA, FL 33611**

TITLE **T** ☐ 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:

Jeanette A. Weiss, Secretary **3/20/02 (813) 253-0332**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)