

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753885

1. Entity Name

LADIES AUXILIARY TO THE MARION OAKS FIRE DEPARTM

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90035 004 \*\*\*\*61.25

Principal Place of Business

Mailing Address

14691 SW 39TH CT RD  
OCALA FL 34473-2489

C O JOAN DECARLI  
14691 SW 39TH CT. RD.  
OCALA FL 34473-2489

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

59-0217165

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

DECARLI, JOAN  
14691 SW 39TH CT. RD.  
OCALA FL 34473

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:**  
**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 ☐ Delete  
NAME VD  
STREET ADDRESS MOORE, ROSE  
CITY-ST-ZIP 3821 S.W. 150 LOOP  
OCALA FL 34474

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

TITLE ☒ Delete  
NAME T  
STREET ADDRESS ROCHE, MARGUERITE  
CITY-ST-ZIP 15220 SW 39TH CIR.  
OCALA FL

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

TITLE ☒ Delete  
NAME SD  
STREET ADDRESS LANPHER, MARY ANNE  
CITY-ST-ZIP 14438 SW 43RD CT RD  
OCALA FL 34474

TITLE ☐ Change ☐ Addition  
NAME SD  
STREET ADDRESS ALDA CARMISCIANO  
CITY-ST-ZIP 4572 S.W. 158 STREET ROAD  
OCALA, 34473

TITLE ☐ Delete  
NAME P  
STREET ADDRESS DECARLI, JOAN  
CITY-ST-ZIP 14691 SW 39TH CT RD  
OCALA FL 34474

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

TITLE ☒ Delete  
NAME T  
STREET ADDRESS ROSSI, MARIE T  
CITY-ST-ZIP 13543 SW 40TH CIR  
OCALA FL 34473

TITLE ☐ Change ☐ Addition  
NAME T  
STREET ADDRESS ANN FOSTER  
CITY-ST-ZIP 120 MARION OAKS DRIVE  
OCALA, FL 34473

TITLE ☐ Delete  
NAME ST  
STREET ADDRESS JOHNSTON, GLORIA  
CITY-ST-ZIP 14473 SW 41ST AVE  
OCALA FL 34473

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 of Registered Agent*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/00 347-1047

Date Daytime Phone #

CR2E037 (9/99)