

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 753885**

1. Entity Name

**LADIES AUXILIARY TO THE MARION OAKS FIRE DEPTM  
ENT, INC.**

Principal Place of Business

**14691 SW 39TH CT RD  
OCALA FL 34473-2489**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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

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

7. Name and Address of New Registered Agent

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	MOORE, ROSE	
STREET ADDRESS	3821 S.W. 150 LOOP	
CITY-ST-ZIP	OCALA FL 34474	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CARMISCIANO, ALDA	
STREET ADDRESS	4572 SW 158 ST RD	
CITY-ST-ZIP	OCALA FL 34473	

TITLE	P	<input type="checkbox"/> Delete
NAME	DECARLI, JOAN	
STREET ADDRESS	14691 SW 39TH CT RD	
CITY-ST-ZIP	OCALA FL 34474	

TITLE	T	<input type="checkbox"/> Delete
NAME	BIRON, ELVRNA	
STREET ADDRESS	15218 SW 43 TERRACE RD	
CITY-ST-ZIP	OCALA FL 34473	

TITLE	ST	<input type="checkbox"/> Delete
NAME	JOHNSTON, GLORIA	
STREET ADDRESS	14473 SW 41ST AVE	
CITY-ST-ZIP	OCALA FL 34473	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MARGE ROCHE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	15220 SW 39TH CIRCL	
STREET ADDRESS	OCALA FLORIDA 34473	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90039 012 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)