

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755108

1. Entity Name

THE LADIES AUXILIARY OF SNPJ SUNCOAST LODGE #778

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90074 031 ****61.25

Principal Place of Business

13383 COUNTY LINE RD.
 BROOKSVILLE FL 34609
 US

Mailing Address

P.O. BOX 5852
 SPRINGHILL FL 34611-5852
 US

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

NOT APPLICABLE

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

LATIN, JOSEPHINE
 7505 HOLIDAY DRIVE
 SPRINGHILL FL 34606

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 PD ☐ Delete
 NAME STALLFFER, WILMA
 STREET ADDRESS 14308 EDGEKNOLL ST
 CITY-ST-ZIP BROOKSVILLE FL 34613

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

TITLE VD ☐ Delete
 NAME THOMAS, MARGARET
 STREET ADDRESS 12499 HARKER ST
 CITY-ST-ZIP BROOKSVILLE FL 34613

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

TITLE D ☐ Delete
 NAME JURKOSHEK, ROSE
 STREET ADDRESS 844 CHATSWORTH ST
 CITY-ST-ZIP SPRING HILL FL

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

TITLE SD ☐ Delete
 NAME LATIN, JOSEPHINE
 STREET ADDRESS 7505 HOLIDAY DR
 CITY-ST-ZIP SPRINGHILL FL

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

TITLE D ☐ Delete
 NAME KEBER, ELIZABETH A
 STREET ADDRESS 196 OAK LAKE DR
 CITY-ST-ZIP SPRING HILL FL 34608

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

TITLE TD ☐ Delete
 NAME SOROS, ANNE
 STREET ADDRESS 7487 CANTERBURY
 CITY-ST-ZIP SPRING HILL FL 34606

TITLE ☒ Change ☐ Addition
 NAME ANNE SOROS
 STREET ADDRESS 8642 Woodbridge Dr
 CITY-ST-ZIP New Port Richey, FL 34655

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

3/11/2000

Date

Daytime Phone #

1-727-372-0509

CR2E037 (9/99)