

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90047 046 \*\*\*\*61.25

**DOCUMENT # 755108**

1. Entity Name

**THE LADIES AUXILIARY OF SNPJ SUNCOAST LODGE #778**

Principal Place of Business

Mailing Address

13383 COUNTY LINE RD.  
 BROOKSVILLE FL 34609  
 US

P.O. BOX 5852  
 SPRINGHILL FL 34611  
 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)

11053 Blythville Rd

City

FL

Zip Code

34608

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 PD  
 STAUFFER, WILMA  
 STREET ADDRESS 14308 EDGEKNOLL ST  
 CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS 11053 Blythville Rd  
 CITY-ST-ZIP 34608

TITLE  Delete  
 NAME D  
 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  Delete  
 NAME TD  
 SOROS, ANNE  
 STREET ADDRESS 8642 WOODBRIDGE DR  
 CITY-ST-ZIP NEW PORT RICHEY FL 34655

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:

*Josephine Latin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director 4/4/01 1-352-683-1739  
 Date Daytime Phone #

CR2E037 (10/00)