

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

02-24-2003 90942 038 ****61.25

DOCUMENT # N02000002529

1. Entity Name

**MARINE CORPS LEAGUE AUXILIARY GULF COAST UNIT, I
NC.**



Principal Place of Business

POST OFFICE BOX 1709
VENICE FL 34284

Mailing Address

POST OFFICE BOX 1709
VENICE FL 34284

2. Principal Place of Business

DAV CHAPTER 101

Suite, Apt. #, etc.

400 CORDIA LANE

City & State

NOKOMIS, FL

3. Mailing Address

P.O. BOX 1709

Suite, Apt. #, etc.

VENICE, FL

City & State

VENICE, FL

4. FEI Number

65-0954110

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MCCARTHY, JANE
940 BARTLETT AVE.
ENGLEWOOD FL 34223

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jane McCarthy
JANE MCCARTHY

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

(NOTE: Registered Agent signature required when registering)

2/20/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SENIOR VICE PRESIDENT** ☐ Delete

NAME **LOIS PAYNE**
STREET ADDRESS **308 CENTER RD.**
CITY-ST-ZIP **VENICE, FL 34285**

TITLE **JUNIOR VICE PRESIDENT** ☐ Delete

NAME **MICHIKO HARRISON**
STREET ADDRESS **360 AVENIDA LA PALMA**
CITY-ST-ZIP **NOKOMIS, FL 34295**

TITLE **D MICHIKO HARRISON** ☐ Delete

NAME **300 AVENIDA LA PALMA**
STREET ADDRESS **NOKOMIS, FL 34295**
CITY-ST-ZIP

TITLE **D PATRICIA CAMARA** ☐ Delete

NAME **3970 STATE ROAD 776**
STREET ADDRESS **VENICE, FL 34293**
CITY-ST-ZIP

TITLE **D LOIS STRUTHERS** ☐ Delete

NAME **LOIS STRUTHERS PAYNE**
STREET ADDRESS **308 CENTER ROAD**
CITY-ST-ZIP **VENICE, FL 34285**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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)(f), 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:

Jane McCarthy
JANE MCCARTHY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/3
Date

941-473-1419
Daytime Phone

CR2037 (10/02)