

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15084

1. Entity Name

STATE OF FLORIDA, LADIES AUXILIARY, FRATERNAL OR

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90068 034 ****61.25

Principal Place of Business

Mailing Address

456 TORRINGTON ST
 PT. CHARLOTTE FL 33954
 US

456 TORRINGTON ST
 PT. CHARLOTTE FL 33954-3544
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Port Charlotte FLA.

4. FEI Number

59-3612110

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

33948

U.S.A.

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

ANDREU, JEAN
 456 TORRINGTON ST
 PT. CHARLOTTE FL 33954

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 GLADDEN, ELAINE
 STREET ADDRESS 3951 LAURELWOOD DR
 CITY-ST-ZIP JACKSONVILLE FL 32257

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

TITLE TD ☐ Delete
 NAME MEYNE, PATTI
 STREET ADDRESS HC RT. 2, BOX 164
 CITY-ST-ZIP SATSUMA FL 32189

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

TITLE SVSD ☐ Delete
 NAME ANDREW, JEAN
 STREET ADDRESS 456 TORRINGTON ST
 CITY-ST-ZIP PT. CHARLOTTE FL 33954

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-00 941-743-0006

CR2E037 (9/99)