

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED

May 02, 2000 8:00 am
Secretary of State

03-02-2000 90182 050 ****61.25

DOCUMENT # N95000003043

1. Entity Name

DEPARTMENT OF FLORIDA LADIES AUXILIARY TO THE VE

Principal Place of Business

420 HOWARD AVENUE
LAKELAND FL 33801

Mailing Address

420 HOWARD AVENUE
LAKELAND FL 33815-3403

2. Principal Place of Business

116 Bayshore CT NE
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1597
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WALTON BEACH, FL.

Zip Country
32548 OKALOOSA

City & State

FT. WALTON BEACH, FL.

Zip Country
32549 OKALOOSA

4. FEI Number

23-7326563

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIELENS, ANN
420 HOWARD AVENUE
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name
Joyce E. Rose
Street Address (P.O. Box Number is Not Acceptable)
116 Bayshore CT NE
City
FT. WALTON BEACH FL Zip Code
32548

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 Joyce E. Rose

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

(NOTE: Registered Agent signature required when reinstating)

2-28-00
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	P	BUOTE, PAT	<input checked="" type="checkbox"/> Delete
NAME		3117 BRIGHT DR	
STREET ADDRESS		HOLIDAY FL 34691	
CITY-ST-ZIP			
TITLE	SVP	BURNETTE, LINDA	<input type="checkbox"/> Delete
NAME		1799 N-HIGHLAND AVE 55 T	
STREET ADDRESS		CLEARWATER FL 33755	
CITY-ST-ZIP			
TITLE	T	DIELENS, ANN	<input type="checkbox"/> Delete
NAME		420 HOWARD AVENUE	
STREET ADDRESS		LAKELAND FL	
CITY-ST-ZIP			
TITLE	D	WILLIAMS, MARIE	<input type="checkbox"/> Delete
NAME		6193 108TH AVE N	
STREET ADDRESS		PINELLAS FL 33782	
CITY-ST-ZIP			
TITLE	D	PLANT, LUCILLE	<input type="checkbox"/> Delete
NAME		1914 PEREGRINE PLACE	
STREET ADDRESS		MIDDLEBURG FL 32068	
CITY-ST-ZIP			
TITLE	D	VILLIAUME, JANET	<input type="checkbox"/> Delete
NAME		5744 CALAIS BLVD 7	
STREET ADDRESS		ST PETERSBURG FL 33714	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		LINDA BURNETTE	
STREET ADDRESS		1799 N-HIGHLAND AVE #55T	
CITY-ST-ZIP		CLEARWATER, FL. 33755	
TITLE	ST. VICE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		MARIE WILLIAMS	
STREET ADDRESS		6193 108TH AVE N.	
CITY-ST-ZIP		PINELLAS, FL. 33782	
TITLE	SECY	ANN DIELENS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		420 HOWARD AVE	
STREET ADDRESS		LAKELAND, FL. 33801	
CITY-ST-ZIP			
TITLE	T	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		JOYCE E. ROSE	
STREET ADDRESS		116 BAYSHORE CT N.E.	
CITY-ST-ZIP		FT. WALTON BEACH, FL. 32548	
TITLE	SR. VICE	PRES.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		LUCILLE PLANT	
STREET ADDRESS		1914 PEREGRINE PL.	
CITY-ST-ZIP		MIDDLEBURG, FL. 32068	
TITLE		CHAPLAIN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		JANET VILLIAUME	
STREET ADDRESS		5744 CALAIS BLVD #7	
CITY-ST-ZIP		ST. PETERSBURG, FL. 33714	

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 Joyce E. Rose
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-00
Date

850-244-0913
Daytime Phone #

CR2E037 (9/99)