

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003043

1. Entity Name

DEPARTMENT OF FLORIDA LADIES AUXILIARY TO THE VE

Principal Place of Business

116 BAYSHORE CT NE  
FT WALTON BEACH FL 32548

Mailing Address

PO BOX 1597  
FT WALTON BEACH FL 32549

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

ROSE, JOYCE E  
116 BAYSHORE CT NE  
FORT WALTON BEACH FL 32548

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.

SIGNATURE

*Joyce E. Rose*  
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

T ☐ Delete  
NAME ROSE, JOYCE E  
STREET ADDRESS 116 BAYSHORE CT NE  
CITY-ST-ZIP FORT WALTON BEACH FL 32548

PT ☒ Delete  
NAME BURNETTE, LINDA  
STREET ADDRESS 1799 N HIGHLAND AVE 55 T  
CITY-ST-ZIP CLEARWATER FL 33755

ST ☐ Delete  
NAME DIELENS, ANN  
STREET ADDRESS 420 HOWARD AVENUE  
CITY-ST-ZIP LAKELAND FL 33801

SV ☐ Delete  
NAME WILLIAMS, MARIE  
STREET ADDRESS 6193 108TH AVE N  
CITY-ST-ZIP PINELLAS FL 33782

JV ☐ Delete  
NAME PLANT, LUCILLE  
STREET ADDRESS 1914 PEREGRINE PLACE  
CITY-ST-ZIP MIDDLEBURG FL 32068

C ☐ Delete  
NAME VILLIAUME, JANET  
STREET ADDRESS 5744 CALAIS BLVD 7  
CITY-ST-ZIP ST PETERSBURG FL 33714

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Treasurer ☐ Change ☐ Addition  
NAME JOYCE E. ROSE  
STREET ADDRESS 116 BAYSHORE CT NE  
CITY-ST-ZIP FT. WALTON BEACH, FL. 32548

Secretary ☐ Change ☐ Addition  
NAME ANN DIELENS  
STREET ADDRESS 420 HOWARD AVE-  
CITY-ST-ZIP LAKE LAND, FL. 33801

President ☒ Change ☐ Addition  
NAME MARIE WILLIAMS  
STREET ADDRESS 6193 108TH AVE N.  
CITY-ST-ZIP PINELLAS, FL. 33782

Sr. Vice President ☒ Change ☐ Addition  
NAME LUCILLE PLANT  
STREET ADDRESS 1914 PEREGRINE PLACE  
CITY-ST-ZIP MIDDLEBURG FL. 32068

Jr Vice Pres ☒ Change ☐ Addition  
NAME JANET VILLIAUME  
STREET ADDRESS 5744 CALAIS BLVD #7  
CITY-ST-ZIP ST. PETERSBURG FL. 33714

Chaplain ☐ Change ☒ Addition  
NAME RAE AMBACH  
STREET ADDRESS 12 BIRD HAVEN PL.  
CITY-ST-ZIP PALM COAST FL. 32137

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

1/2/01  
Date

850-244-0913  
Daytime Phone #

FILED  
Jan 17, 2001 8:00 am  
Secretary of State

01-17-2001 90065 050 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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