2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 04, 2000 8:00 am Secretary of State DOCUMENT # **N96000002453** 1. Entity Name MARION OAKS AUXILIARY TO POST NO. 10091 LADIES A 02-04-2000 90035 004 ****61.25 Principal Place of Business Mailing Address 14594 SW 35TH TER RD 14594 SW 35TH TER RD OCALA FL 34473-2418 OCALA FL 34473-2418 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired - - - 🗔 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) HAGEN, MARGARET 14594 SW 35TH TER RD OCALA FL 34473-2418 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** Mav Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE □ Addition TITLE ☐ Delete HAGEN, MARGARET NAME NAME STREET ADDRESS 4490 SW 140TH ST RD STREET ADDRESS CITY-ST-ZIP **OCALA FL 34473** CITY-ST-ZIP Change D٧ ☐ Addition ☐ Delete TITLE TITLE BURKE, IDA NAME NAME STREET ADDRESS STREET ADDRESS 4391: SW 145TH PL RD CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34473 DP ☐ Delete Change ☐ Addition TITLE TITLE velebir, emily NAME NAME 13985 SW 42ND AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE OCALA FL 34473 DT ☐ Change ☐ Addition Delete TITL F TITLE HAZELTON, MARY NAME NAME STREET ADDRESS STREET ADDRESS 14594 SW 35TH TERR RD CITY-ST-ZIP CITY-ST-7IP OCALA FL 34473 Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS 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 r 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