

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005631

1. Entity Name

LADIES AUXILIARY TO POST 8698 VETERANS OF FOREIGN

Principal Place of Business

Mailing Address

520 EAST HIGHWAY 40
INGLIS FL 34449

POST OFFICE BOX 204
INGLIS FL 34449-0204

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COPELAND, PATRICIA
520 EAST HIGHWAY 40
INGLIS FL 34449

Name TRISHA GAIL BALLARD

Street Address (P.O. Box Number is Not Acceptable)
520 EAST HIGHWAY 40

City INGLIS

FL

Zip Code 34449

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 TRISHA GAIL BALLARD, PRESIDENT
Trisha Gail Ballard

DATE January 23, 2000

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

(NOTE: Registered Agent signature required when reinstating)

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
NAME COPERLAND, PATRICIA
STREET ADDRESS 520 E HIGHWAY 40
CITY-ST-ZIP INGLIS FL 34449 ☒ Delete

TITLE PA TRISHA GAIL BALLARD
NAME TRISHA GAIL BALLARD
STREET ADDRESS 520 E HIGHWAY 40
CITY-ST-ZIP INGLIS FL 34449 ☒ Change ☐ Addition

TITLE VD
NAME LEONHARDT, MARGE
STREET ADDRESS 520 EAST HIGHWAY 40
CITY-ST-ZIP INGLIS FL ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE TD
NAME GASCAY, TERRY
STREET ADDRESS 520 EAST HIGHWAY 40
CITY-ST-ZIP INGLIS FL ☒ Delete

TITLE TA JEAN DUNMIRE
NAME JEAN DUNMIRE
STREET ADDRESS 520 EAST HIGHWAY 40
CITY-ST-ZIP INGLIS, FL 34449 ☒ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

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 employees.

SIGNATURE: *Trisha Gail Ballard, President* TRISHA GAIL BALLARD, PRESIDENT
DATE: Jan 23, 2000 DAYTIME PHONE #: 447-3495 (352)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90012 012 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E037 (9/99)