

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002233

1. Entity Name

SHERMAN HARPSTER LADIES AUXILIARY 1993, INC.

FILED

Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90006 005 ****61.25

Principal Place of Business

Mailing Address

600 E. COLONIA LANE
NOKOMIS FL 34275

600 E. COLONIA LANE
NOKOMIS FL 34275-2725

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0909751

Applied For

Not Applicable

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

SWANNIE, KATHERINE K
430 VIA VENETO
VENICE FL 34292

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

Katherine K. Swannie - President

Feb. 10, 2000

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	DP	<input type="checkbox"/> Delete
NAME	SWANNIE, KATHERINE K	
STREET ADDRESS	430 VIA VENETO	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BLISS, PHYLLIS	
STREET ADDRESS	101 S. AQUILA ST.	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ELLIS, MARIE	
STREET ADDRESS	645 GREEN CIRCLE	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	V	<input type="checkbox"/> Delete
NAME	CAMARA, PATRICIA	
STREET ADDRESS	2970 STATE ROAD 776	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	V	<input type="checkbox"/> Delete
NAME	HARRISON, MICHIO	
STREET ADDRESS	300 AVE. LA PALMA	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	S	<input type="checkbox"/> Delete
NAME	OSBORN, LAURA	
STREET ADDRESS	1905 SETTLEMENT ROAD	
CITY-ST-ZIP	VENICE FL 34292	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Katherine K. Swannie - President Feb. 10, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)