

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90066 025 ****61.25

DOCUMENT # N99000002233

1. Entity Name

SHERMAN HARPSTER LADIES AUXILIARY 1993, INC.

Principal Place of Business

600 E. COLONIA LANE
 NOKOMIS FL 34275

Mailing Address

600 E. COLONIA LANE
 NOKOMIS FL 34275

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

SWANNIE, KATHERINE K
430 VIA VENETO
VENICE FL 34292

7. Name and Address of New Registered Agent

Name **Camara, Patricia**
 Street Address (P.O. Box Number is Not Acceptable)
2970 State Road 776
Venice, FL 34293
 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 *Patricia A. Camara*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/4/01

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	DP	<input checked="" type="checkbox"/> Delete
NAME	SWANNIE, KATHERINE K	
STREET ADDRESS	430 VIA VENETO	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BLISS, PHYLLIS	
STREET ADDRESS	101 S. AQUILA ST.	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	ELLIS, MARIE	
STREET ADDRESS	645 GREEN CIRCLE	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	V	<input checked="" 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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Camara, Patricia A.	
STREET ADDRESS	2970 State Road 776	
CITY-ST-ZIP	Venice, FL 34293	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Douglas, Joan A.	
STREET ADDRESS	531 Sheridan Drive	
CITY-ST-ZIP	Venice, FL 34293	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Swannie, Katherine K.	
STREET ADDRESS	430 Via Veneto	
CITY-ST-ZIP	Venice, FL 34292	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edith Yates	
STREET ADDRESS	595 Bahama Road	
CITY-ST-ZIP	Venice, FL 34293	
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 Swannie*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar. 4, 2001 941-484-4280

Date Daytime Phone #

CR2E037 (10/00)

0076911