

**2002 UNIFORM BUSINESS REPORT (UBR)**

5/6

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90077 034 \*\*\*\*61.25

**DOCUMENT # 700259**

1. Entity Name

**WINTER HAVEN HOSPITAL AUXILIARY INC**

Principal Place of Business

Mailing Address

200 AVENUE F. N.E.  
 WINTER HAVEN FL 33881

200 AVENUE F. N.E.  
 WINTER HAVEN FL 33881

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

**23-7190109**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANASTASIO, LANCE W**  
**WINTER HAVEN HOSP**  
**200 AVE E NE**  
**WINTER HAVEN FL 33881**

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

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	PD	<input checked="" type="checkbox"/> Delete
NAME	JOSEPH, MATTHEWS	
STREET ADDRESS	38 ENCLAVE DR	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DUNN, PATRICK	
STREET ADDRESS	120 LAKE HAZEL DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GRUBBS, CANDY	
STREET ADDRESS	P O BOX 2191	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FIERRO, BETTY	
STREET ADDRESS	P O BOX 430	
CITY-ST-ZIP	WINTER HAVEN FL 33882	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	EHLERS, DORMAN	
STREET ADDRESS	1036 MEDINAH	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTY FIERRO	
STREET ADDRESS	P.O. BOX 430	
CITY-ST-ZIP	WINTER HAVEN, FL 33882	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIANE ADAMS	
STREET ADDRESS	1498 S. LAKE ROCHELLE DR.	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GANDY FIORITO	
STREET ADDRESS	1490 LUCERNE LOOP RD.	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRINA SPROTT	
STREET ADDRESS	123 HOMEWOOD DR.	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

**SIGNATURE REQUIRED**

*Betty Fierro* 5/16/02 (863) 291-6750

Date

Daytime Phone #

CR2E037 (9/01)