

2000 UNIFORM BUSINESS REPORT (UBR)

3/10

FILED

May 03, 2000 8:00 am
Secretary of State

03-10-2000 90032 017 ****61.25

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1. Entity Name

TAMPA GENERAL HOSPITAL AUXILIARY, INC.

Principal Place of Business

Mailing Address

DAVIS ISLAND
P O BOX 1289
TAMPA FL 33601DAVIS ISLAND
P O BOX 1289
TAMPA FL 33601-1289

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

59-0810712

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

GIBBONS, JOHN B.
101 E. KENNEY BLVD.
TAMPA FL 33601

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S ☐ DeleteMILLER, VIVIAN
3812 S KENWOOD AVE
TAMPA FL 33611D ☐ DeleteBLAIN, LAURA
801 SOUTH BLVD
TAMPA FL 33608D ☒ DeleteJEAN RAGSDALE
6620 MEMORIAL HWY.
TAMPA FL 33615D ☒ DeleteMYERS, HEIDI
3302 EL PRADO BLVD
TAMPA FL 33629V ☒ DeleteRIGBY, BERN
5300 BAYSHORE BLVD., C4
TAMPA, FL 00000 33615T ☒ DeleteRICHARDSON, DEE
7908 PATTERSON ROAD
TAMPA FL 33634

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V ☒ Change ☐ AdditionJEAN RAGSDALE
6620 MEMORIAL HWY
TAMPA, FL 33615D ☒ Change ☐ AdditionBERN RIGBY
5300 BAYSHORE BLVD, C4
TAMPA, FL 33615T-AUXILIARY FUND ☐ Change ☒ AdditionBLESSING BEASLEY
7908 PATTERSON RD
TAMPA, FL 33634D ☐ Change ☒ AdditionMARY JO HART
4005 W. SAN MIGUEL ST.
TAMPA, FL 33629T-GIFF SHOP ☐ Change ☒ AdditionHELEN DANIEL
4766 W. KNIGHTS AVE.
TAMPA, FL 33611D ☐ Change ☒ AdditionVI RIGBY
5300 BAYSHORE BLVD, C4
TAMPA, FL 33615

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:

BLESSING BEASLEY, TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-6-2000

CR2E037 (9/99)