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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State
05-16-2001 90185 049 ****61.25

DOCUMENT # 701445

1. Entity Name

TAMPA GENERAL HOSPITAL AUXILIARY, INC.

Principal Place of Business	Mailing Address
DAVIS ISLAND P O BOX 1289 TAMPA FL 33601	DAVIS ISLAND P O BOX 1289 TAMPA FL 33601

[redacted]

DO NOT WRITE IN THIS SPACE

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
GIBBONS, JOHN B. 101 E. KENNEY BLVD. TAMPA FL 33601	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ VICE PRESIDENT MILLER, VIVIAN 3812 S KENWOOD AVE TAMPA FL 33611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT (2nd) MILLER, VIVIAN T 3812 S. KENWOOD AVE. TAMPA, FL 33611	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DIRECTOR~~ BLAIN, LAURA 801 SOUTH BLVD TAMPA FL 33606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT HART, MARY JO T 4005 W. SAN MIGUEL ST TAMPA, FL 33629	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ JEAN RAGSDALE 6620 MEMORIAL HWY. TAMPA FL 33615	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY MOSGROVE, ELSIE 7536 17TH LANE NORTH D ST. PETERSBURG, FL 33702	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MYERS, HEIDI 3302 EL PRADO BLVD TAMPA FL 33629	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER ARNOLD, GARY 6203 MANGROVE DR. D WESLEY CHAPEL, FL 33544	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ DIRECTOR RIGBY, BERN 5300 BAYSHORE BLVD., C4 TAMPA, FL ~~00000~~ 33615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR RIGBY, BERN 5300 BAYSHORE BLVD. UNIT C4 TAMPA, FL 33615 D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT RICHARDSON, DEE 7908 PATTERSON ROAD TAMPA FL 33634	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1ST VICE PRESIDENT RICHARDSON, DEE 7908 PATTERSON ROAD T TAMPA, FL 33634	☒ Change ☐ Addition

CR2E037 (10/00)

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: Mary Jo Hart MARY JO HART, PRESIDENT 4-26-01 8132535919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #