

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90005 013 ****61.25

DOCUMENT # 701448

1. Entity Name

BERT FISH MEDICAL CENTER AUXILIARY, INC., NEW SM

Principal Place of Business

Mailing Address

401 PALMETTO ST
 NEW SMYRNA BEACH FL 32168

401 PALMETTO ST
 NEW SMYRNA BEACH FL 32168-7322

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1054892

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CONNIE NIELSON
 101 N. RIVERSIDE DR. #603
 NEW SWYRNA BCH. FL 32168

Name **Jacqueline Herchek**
 Street Address (P.O. Box Number is Not Acceptable)
418 Quay Assisi
 City **New Smyrna Beach, FL** Zip Code **32169**

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: *Jacqueline Herchek*

1/26/00

Signature, hand 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 | P | <input checked="" type="checkbox"/> Delete |
| NAME | NIELSON, CONNIE | |
| STREET ADDRESS | 101 RIVERSIDE DR. #603 | |
| CITY-ST-ZIP | NEW SMYRNA BCH. FL 32168 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | DAVIDSON, JUDITH I | |
| STREET ADDRESS | 120 OAKMONT LN | |
| CITY-ST-ZIP | NEW SMYRNA BCH FL 32168 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | TURNER, ANNE | |
| STREET ADDRESS | 798 9TH AVENUE | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | HERCHEK, JACKIE | |
| STREET ADDRESS | 418 QUAY ASSISI | |
| CITY-ST-ZIP | NEW SMYRNA BCH. FL 32169 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | O'BRIEN, LORETTA | |
| STREET ADDRESS | 1804 JUNIPER DR | |
| CITY-ST-ZIP | EDGEWATER FL 32132 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | MORGAN, EVELYN | |
| STREET ADDRESS | 2224 YULE TREE DR | |
| CITY-ST-ZIP | EDGEWATER FL 32141-4322 | |

| | | |
|----------------|-----------------------------|---|
| TITLE | P | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Jacqueline Herchek | |
| STREET ADDRESS | 418 Quay Assisi | |
| CITY-ST-ZIP | New Smyrna Beach, FL. 32169 | |
| TITLE | T | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Joyce E. Charles | |
| STREET ADDRESS | 2000 Old Mission Road | |
| CITY-ST-ZIP | New Smyrna Beach, FL. 32168 | |
| TITLE | VP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Virginia Galasieski | |
| STREET ADDRESS | 16 Blue Heron Drive | |
| CITY-ST-ZIP | Edgewater, FL. 32141 | |
| TITLE | S | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Vivian L. Grant | |
| STREET ADDRESS | 909 Midway Street | |
| CITY-ST-ZIP | New Smyrna Beach, FL. 32168 | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Mary Reed | |
| STREET ADDRESS | 3830 Saxon Drive | |
| CITY-ST-ZIP | New Smyrna Beach, FL. 32169 | |

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: *Joyce E. Charles* **Joyce E. Charles** 1/26/00 (904) 427-9958

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)