

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90211 013 \*\*\*\*61.25

**DOCUMENT # 701448**

**1. Entity Name**  
**BERT FISH MEDICAL CENTER AUXILIARY, INC., NEW SM**

<b>Principal Place of Business</b>	<b>Mailing Address</b>
401 PALMETTO ST NEW SMYRNA BEACH FL 32168	401 PALMETTO ST NEW SMYRNA BEACH FL 32168

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

HERCHEK, JACQUELINE  
 418 QUAY ASSISI  
 NEW SMYRNA BEACH FL 32169

**4. FEI Number** 59-1054892

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**7. Name and Address of New Registered Agent**

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 *Jacqueline K. Herchek* **JACQUELINE K. HERCHEK** **1/06/01**  
(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**

TITLE	P	<input type="checkbox"/> Delete
NAME	HERCHEK, JACQUELINE	
STREET ADDRESS	418 QUAY ASSISI	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHARLES, JOYCE E	
STREET ADDRESS	2000 OLD MISSION RD	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GALASIESKI, VIRGINIA	
STREET ADDRESS	16 BLUE HERON DR	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GRANT, VIVIAN L	
STREET ADDRESS	909 MIDWAY ST	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	O'BRIEN, LORETTA	
STREET ADDRESS	1804 JUNIPER DR	
CITY-ST-ZIP	EDGEWATER FL 32132	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REED, MARY	
STREET ADDRESS	3830 SAXON DR	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALICE KNABE	
STREET ADDRESS	1862 BIG CRANE LOOP	
CITY-ST-ZIP	PORT ORANGE, FL 32124	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAYE CADDELL	
STREET ADDRESS	2716 ORANGE TREE DR.	
CITY-ST-ZIP	EDGEWATER, FL 32141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTIE KEYES	
STREET ADDRESS	2401 S. ATLANTIC AVE. #C205	
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 19.07(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 in an attachment with an address, with all other like empowered.**

**SIGNATURE** *Joyce E. Charles* **REQUIRE** **JOYCE E. CHARLES** **1/06/01 (904) 763-4310**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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CR2E037 (10/00)