# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 19, 2001 8:00 am**
**Secretary of State**
05-18-2001 91574 026 ****61.25

DOCUMENT # 706492

1. Entity Name

HOLY CROSS HOSPITAL AUXILIARY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4725 N FEDERAL HIGHWAY<br>FT LAUDERDALE FL 33308 | 4725 N FEDERAL HIGHWAY<br>FT LAUDERDALE FL 33308 |

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 59-0843392 ☐ 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 |
|---|---|
| MENI NICHOLS<br>3050 NE 16TH AVE. 504<br>FT. LAUDERDALE FL 33334 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (Registered Agent signature required when reinstating)

**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 | ~~P~~ V.P<br>ROWAN, ROBERTA (D)<br>2200 NE 33RD AVE<br>FORT LAUDERDALE FL 33305 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~VP~~ PRES<br>STEPHENS, ELINOR (D)<br>2900 NE 14TH ST CAUSEWAY #602<br>POMPANO BEACH FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~VP~~<br>~~DUE, MARCIA~~<br>~~4904 NW 49TH RD~~<br>~~TAMARAC FL 33319~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>BARBARA SEIGEL (D)<br>540 SAN MARCO DRIVE<br>FORT LAUDERDALE FLA 33301 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~VP~~<br>~~GAMBARDELLA, JEANNE~~<br>~~5360 NE 24 TERR~~<br>~~FT. LAUDERDALE FL~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>MARIE SAMPSON (D)<br>3101 N.E 47 CT<br>FORT LAUDERDALE FLA 33308 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~VP~~ ~~SECRETARY~~<br>~~DEHN, MARIE~~<br>~~1110 SE 7TH AVE~~<br>~~POMPANO BEACH FL 33060~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP SECRETARY<br>PAT FEDER (D)<br>8863 LAKE PARK CIRCLE S<br>DAVIE FLA. 33328 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~VP~~ ~~TREASURER~~<br>NICHOLS, MENI (D)<br>3050 NE 16TH AVE 504<br>FORT LAUDERDALE FL 33334 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ 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:** SIGNATURE [illegible] 4/26/2001 776-3609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #