2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State
04-15-2002 90054 046 ****61.25

0228610

DOCUMENT # 706492

1. Entity Name

HOLY CROSS HOSPITAL AUXILIARY, INC.

Principal Place of Business	Mailing Address
4725 N FEDERAL HIGHWAY FT LAUDERDALE FL 33308	4725 N FEDERAL HIGHWAY FT LAUDERDALE FL 33308

B00165466

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

MENI NICHOLS
3050 NE 16TH AVE. 504
FT. LAUDERDALE FL 33334

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 MENI NICHOLS TREASURER 4/4/02
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
4/4/02 Check 1990

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ROWAN, ROBERTA 2200 NE 33RD AVE FORT LAUDERDALE FL 33305	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FROSTHOLM JUNG 2340 N.E. 9 ST FORT LAUDERDALE FL 33304	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STEPHENS, ELINOR 2900 NE 14TH ST CAUSEWAY #602 POMPANO BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES RODRIGUEZ SARAH 2670 OAK TREE CIRCLE FORT LAUDERDALE FL 33309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SIEGEL, BARBARA 540 SAN MARCO DRIVE FORT LAUDERDALE FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SAMPSON, MARIE 3101 NE 47TH COURT FORT LAUDERDALE FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS FEDER, PAT 8883 LAKE PARK CIRCLE S DAVIE FL 33328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NICHOLS, MENI 3050 NE 16TH AVE 504 FORT LAUDERDALE FL 33334	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 REQUIRED Meni Nichols 771-8000 Ext. 3112 MON. OR THURSDAY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #