

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90712 034 ****61.25

DOCUMENT # 710541

1. Entity Name

SARASOTA MEMORIAL HOSPITAL AUXILIARY, INC.

Principal Place of Business

**1700 S. TAMiami TRAIL
 SARASOTA FL 34239-3555**

Mailing Address

**1700 S. TAMiami TRAIL
 SARASOTA FL 34239-3555
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

200 S. Orange Ave.

Suite, Apt. #, etc.

c/o J. Hugh Middlebrooks

**City & State
 Sarasota, FL**

**Zip
 34236**

**Country
 US**

4. FEI Number

59-1405372

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BURKE, MARGARET
 1700 S TAMiami TRL
 SARASOTA FL 34239**

7. Name and Address of New Registered Agent

Name
J. Hugh Middlebrooks

Street Address (P.O. Box Number is Not Acceptable)
200 S. Orange Ave.

City
Sarasota

FL

Zip Code
34236

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

J. Hugh Middlebrooks

4/2/02

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**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
 NAME **BURKE, MARGARET**
 STREET ADDRESS **1700 S TAMiami TRAIL**
 CITY-ST-ZIP **SARASOTA FL 34239-3555**

TITLE **PD** ☒ Delete
 NAME **BURKE, PEGGY**
 STREET ADDRESS **1700 S TAMiami TRAIL**
 CITY-ST-ZIP **SARASOTA FL 34239-3555**

TITLE **VD** ☒ Delete
 NAME **ACKERMAN, KATHY**
 STREET ADDRESS **1700 S. TAMiami TRAIL**
 CITY-ST-ZIP **SARASOTA FL 34239-3555**

TITLE **VD** ☐ Delete
 NAME **POTTER, MARVIN**
 STREET ADDRESS **1700S TAMiami TRL**
 CITY-ST-ZIP **SARASOTA FL 34239-3555**

TITLE **TD** ☐ Delete
 NAME **CHERNOFF, GERALD**
 STREET ADDRESS **1700 S TAMiami TRL**
 CITY-ST-ZIP **SARASOTA FL 34239-3555**

TITLE **TS** ☒ Delete
 NAME **EMMERICH, HELEN**
 STREET ADDRESS **1700 S TAMiami TRL**
 CITY-ST-ZIP **SARASOTA FL 34239-3555**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Change ☒ Addition
 NAME **MILLER, MARGIE**
 STREET ADDRESS **1700 S TAMiami TRAIL**
 CITY-ST-ZIP **SARASOTA FL 34239-3555**

TITLE **VD** ☐ Change ☒ Addition
 NAME **LANTHIER, MIRIAM**
 STREET ADDRESS **1700 S TAMiami TRAIL**
 CITY-ST-ZIP **SARASOTA FL 34239-3555**

TITLE **SD** ☐ Change ☒ Addition
 NAME **HOOLEY, PAT**
 STREET ADDRESS **1700 S TAMiami TRAIL**
 CITY-ST-ZIP **SARASOTA FL 34239-3555**

TITLE **PD** ☒ Change ☐ Addition
 NAME **POTTER, MARVIN**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
 NAME **BENJAMIN, MARY LOU**
 STREET ADDRESS **1700 S TAMiami TRAIL**
 CITY-ST-ZIP **SARASOTA FL 34239-3555**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Margaret Burke
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-917-1012

CR2E037 (9/01)