

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90287 035 \*\*\*\*61.25

0059384

**DOCUMENT # 716141**

1. Entity Name

**UNIVERSITY COMMUNITY HOSPITAL AUXILIARY, INC.**

Principal Place of Business

Mailing Address

3100 E. FLETCHER AVENUE  
 TAMPA FL 33613-4613

3100 E. FLETCHER AVENUE  
 TAMPA FL 33613-4613

618316



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7011345

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GEILBERT, LEONARD H.**  
**ONE HARBOUR PLACE**  
**TAMPA FL 33602**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES 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: PD  Delete  
 NAME: MCCARTHY, CAROLYN S  
 STREET ADDRESS: BOX 215  
 CITY-ST-ZIP: TAMPA FL 33613

TITLE: PD  Change  Addition  
 NAME: WALTER, RODNEY  
 STREET ADDRESS: 9304 PEBBLE CREEK  
 CITY-ST-ZIP: TAMPA, FL. 33647

TITLE: TD  Delete  
 NAME: VALDES, EUNICE  
 STREET ADDRESS: 13620 LAKE MACDALENE BLVD #103  
 CITY-ST-ZIP: TAMPA FL 33618

TITLE: VPD  Change  Addition  
 NAME: VANDYKE, EDITH  
 STREET ADDRESS: 11413 LARKWOOD WAY  
 CITY-ST-ZIP: TAMPA, FL 33625

TITLE: TD  Delete  
 NAME: WALTER, RODNEY  
 STREET ADDRESS: 9304 PEBBLE CREEK  
 CITY-ST-ZIP: TAMPA FL 33647

TITLE: VPD  Change  Addition  
 NAME: BEVIS, AMANDA  
 STREET ADDRESS: 18118 US 41, LOT 2A  
 CITY-ST-ZIP: LUTZ, FL 33549

TITLE: SD  Delete  
 NAME: JONES, VIVIAN  
 STREET ADDRESS: 406 BROXBURN AVE  
 CITY-ST-ZIP: TAMPLE TERRACE FL 33617

TITLE: SD  Change  Addition  
 NAME: SKIDMORE, CATHERINE  
 STREET ADDRESS: 7BRIARWOOD LANE  
 CITY-ST-ZIP: THONOTOSASSA, FL 33592

TITLE: VPD  Delete  
 NAME: WALTER, RODNEY  
 STREET ADDRESS: 9304 PEBBLE CREEK  
 CITY-ST-ZIP: TAMPA FL 33647

TITLE: SD  Change  Addition  
 NAME: SMITH, BETTY  
 STREET ADDRESS: 4118 E. 98th AVE.  
 CITY-ST-ZIP: TAMPA, FL 33617

TITLE: VPD  Delete  
 NAME: JONES, VIVIAN  
 STREET ADDRESS: 406 BROXBURN AVE  
 CITY-ST-ZIP: TAMPA FL 33617

TITLE: TD  Change  Addition  
 NAME: VALDES, EUNICE  
 STREET ADDRESS: 13620 LAKE MAGDALENE BLVD. # 103  
 CITY-ST-ZIP: TAMPA, FL 33612

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:** *Rodney M. Walter* **RODNEY M. WALTER** 1-30-01 813 618 7286  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)