

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90271 019 ****61.25

DOCUMENT # 716141

1. Entity Name
UNIVERSITY COMMUNITY HOSPITAL AUXILIARY, INC.

Principal Place of Business 3100 E. FLETCHER AVENUE TAMPA FL 33613-4613	Mailing Address 3100 E. FLETCHER AVENUE TAMPA FL 33613-4613
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 23-7011345		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPD VANDYKE, EDITH 11413 LARKWOOD WAY TAMPA FL 33625	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD VALDES, EUNICE 13620 LAKE MACDALENE BLVD #103 TAMPA FL 33612	TITLE	VPD
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PD WALTER, RODNEY 9304 PEBBLE CREEK TAMPA FL 33647	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD SKYMORE, CATHRINE 7 BRIANWOOD LANE THONOTOSASSA FL 33592	TITLE	SD
NAME		NAME	BARBARA CITES
STREET ADDRESS		STREET ADDRESS	22254 YABHT CLUB TERRACE
CITY-ST-ZIP		CITY-ST-ZIP	LAND-O-LAKES FL 34639
TITLE	VPD BEVIS, AMANDA 18118 US 41 LOT 2A LUTZ FL 33549	TITLE	SD
NAME		NAME	MURIEL ERICKSON
STREET ADDRESS		STREET ADDRESS	13514 SHADY SHORES DRIVE
CITY-ST-ZIP		CITY-ST-ZIP	TAMPA FL 33613
TITLE	SD SMITH, BETTY 13620 LAKE MAGDALENE BLVD. # 10300 TAMPA FL 33612	TITLE	TD
NAME		NAME	HARVEY SIMPSON
STREET ADDRESS		STREET ADDRESS	715 BANNOCKBURN AVE
CITY-ST-ZIP		CITY-ST-ZIP	TEMPLE TERRACE FL 33617

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 Walter **RODNEY WALTER** 2.2602 813 9783014
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)