

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90001 026 \*\*\*\*61.25

**DOCUMENT # 717016**

1. Entity Name

**AUXILIARY OF ST. PETERSBURG GENERAL HOSPITAL, IN**

A0005825



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6500 38TH AVE. NO. ST. PETERSBURG FL 33710	Mailing Address 6500 38TH AVE. NO. ST. PETERSBURG FL 33710-1629
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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 <b>59-2045366</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HENRY, PATRICIA A.**  
**6017-38TH AVE N**  
**ST PETERSBURG FL 33772**

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: *Patricia A Henry, Treasurer* 1-6-00  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS			
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete	
NAME	<b>KELLY, GRACE</b>		
STREET ADDRESS	<b>4435 97TH AVE N</b>		
CITY-ST-ZIP	<b>PINELLAS PARK FL 33772</b>		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete	
NAME	<b>WALKER, PAT</b>		
STREET ADDRESS	<b>6477 3RD AVENUE NORTH</b>		
CITY-ST-ZIP	<b>ST PETERSBURG FL 33710</b>		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	
NAME	<b>WALKER, PAT</b>		
STREET ADDRESS	<b>6477 33RD AVE. N.</b>		
CITY-ST-ZIP	<b>ST PETERSBURG FL 33710</b>		
TITLE	<b>T</b>	<input type="checkbox"/> Delete	
NAME	<b>HENRY, PATRICIA A.</b>		
STREET ADDRESS	<b>6017 38TH AVE N</b>		
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33710</b>		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	
NAME	<b>HART, MICKEY</b>		
STREET ADDRESS	<b>1533 N 55 ST</b>		
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>		
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete	
NAME	<b>SCHREIBER, SHIRLEY</b>		
STREET ADDRESS	<b>7066 49TH AVE N</b>		
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33709</b>		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>THOMAS O. HENRY</b>		
STREET ADDRESS	<b>6017-38th Ave N.</b>		
CITY-ST-ZIP	<b>St Petersburg FL 33710</b>		
TITLE	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>OLA MAE Seckel</b>		
STREET ADDRESS	<b>5710 6th Ave N. #217</b>		
CITY-ST-ZIP	<b>St Petersburg Fl. 33710</b>		
TITLE	<b>NOTE:</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>a second director no longer exist.</b>		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<b>GIFT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SHOP DIRECTOR PATRICIA A. HENRY</b>		
STREET ADDRESS	<b>6017-38th Ave N</b>		
CITY-ST-ZIP	<b>St. Petersburg Fl. 33710</b>		
TITLE	<b>VICE President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CHET MC Guade</b>		
STREET ADDRESS	<b>1926 NORFOLK St. N.</b>		
CITY-ST-ZIP	<b>St Petersburg Fl. 33710</b>		

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: *Patricia A Henry* 1-6-00 (727) 381-2261  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)