

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731133

1. Entity Name

ORANGE PARK MEDICAL CENTER AUXILIARY, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90108 021 ****61.25

Principal Place of Business

2001 KINGSLEY AVENUE
PO BOX 2000
ORANGE PARK FL 32073

Mailing Address

2001 KINGSLEY AVENUE
PO BOX 2000
ORANGE PARK FL 32073-5148

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

KOPELOUSOS, JOHN ESQ.
1279 KINGSLEY AVE., SUITE 118
ORANGE PARK FLORIDA FL 32073

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:
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME MCLANE-CARTER, BEULAH
STREET ADDRESS 334 OLD JENNINGS RD
CITY-ST-ZIP ORANGE PARK FL 32065

TITLE ☐ Change ☐ Addition
NAME N/C
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME MUSIELAK, HELEN
STREET ADDRESS 1539 LEESBURG CT
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE V.P. ☒ Change ☐ Addition
NAME LANGRALL, MARY JANE
STREET ADDRESS 1906 GROVE PARK DR
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE VPD ☐ Delete
NAME JENSEN, MARJORIE
STREET ADDRESS 919 RIDGE WALL CT
CITY-ST-ZIP ORANGE PARK FL 32065

TITLE ☒ Change ☐ Addition
NAME N/C
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME HARVEY, MARGARET
STREET ADDRESS 531 CHARVES PINKNEY DR.
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE V.P. ☒ Change ☐ Addition
NAME MASON, EVA
STREET ADDRESS 349 OLD FIELD DR
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE ☐ Delete
NAME WILLIAMS, DAVID
STREET ADDRESS 99 SWIMMING PEN DR.
CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE ☒ Change ☐ Addition
NAME WILLIAMS, PAUL D.
STREET ADDRESS 188 VANDERFORD RD. W.
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE S ☐ Delete
NAME STAHL, DOLORES
STREET ADDRESS 4118 PINTO RD
CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE ☐ Change ☐ Addition
NAME N/C
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:

Paul D. Williams **PAUL D. WILLIAMS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00

Date

904-264-0475

Daytime Phone #

CR2E037 (9/99)