

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90089 010 \*\*\*\*61.25

**DOCUMENT # 734314**

1. Entity Name

**WOMEN'S HOSPITAL AUXILIARY, INC.**

Principal Place of Business

Mailing Address

3030 W DR MLK JR BLVD  
 TAMPA FL 33607  
 US

3001 W DR MLK BLVD  
 TAMPA FL 33607  
 US

**905841**



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

**51-0185556**

Applied For  
 Not Applied

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

**CARSON, SANDRA L**  
**4213 HARTWOOD LANE**  
**TAMPA FL 33624**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CARSON, SANDRA L	
STREET ADDRESS	4123 HARTWOOD LAND	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	FVP	<input type="checkbox"/> Delete
NAME	LINKOUS, CHRIS	
STREET ADDRESS	7951 GUNN HWY	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	SERDY, JEAN	
STREET ADDRESS	13908 VILLAGE LKE PLACE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	CSD	<input type="checkbox"/> Delete
NAME	JOAN, SHANNON	
STREET ADDRESS	14601 BRENTWOOD PLACE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COBB, VIRGINIA A	
STREET ADDRESS	13931 CLUBHOUSE CIR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	BD	<input type="checkbox"/> Delete
NAME	NORRIS, LOUISE	
STREET ADDRESS	8307 N FREMONT AVE	
CITY-ST-ZIP	TAMPA FL 33604	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00 (813) 812-3990  
 Date Daytime Phone #