

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2002 8:00 am**  
**Secretary of State**

02-03-2002 90024 008 \*\*\*\*61.25

**DOCUMENT # 734314**

1. Entity Name

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

Principal Place of Business

**3030 W DR MLK JR BLVD  
 TAMPA FL 33607  
 US**

Mailing Address

**3001 W DR MLK BLVD  
 TAMPA FL 33607  
 US**

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 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

**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

*Sandra L. Carson*

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

(NOTE: Registered Agent signature required when reinstating)

*1-10-02*

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	<input type="checkbox"/> Delete
NAME	LINKOUS, CAROLYN	
STREET ADDRESS	9305 ROBERTS ROAD	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	FVPD	<input type="checkbox"/> Delete
NAME	ALIA, JEAN	
STREET ADDRESS	9430 BEARFOOT TRAIL	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
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	ATD	<input type="checkbox"/> Delete
NAME	NORRIS, LOUISE	
STREET ADDRESS	8307 N FREMONT AVE.	
CITY-ST-ZIP	TAMPA FL 33604	

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

*1/10/02*  
 Date

Daytime Phone #

CR2E037 (9/01)