

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90041 036 \*\*\*\*61.25

**DOCUMENT # 753853**

1. Entity Name  
**HELEN ELLIS MEMORIAL HOSPITAL AUXILIARY, INC.**

Principal Place of Business      Mailing Address

INC.      INC.  
 1395 S. PINELLAS AVENUE      1395 S. PINELLAS AVENUE  
 TARPON SPRINGS FL 34689      TARPON SPRINGS FL 34689-3790



DO NOT WRITE IN THIS SPACE

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      Applied For

**59-2106043**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TARPON SPRINGS HOSPITAL FOUNDATION, INC**  
**1395 S. PINELLAS AVENUE**  
**TARPON SPRINGS FL 33589**

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 \_\_\_\_\_ (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 NAME	D HUFFMAN, LILLIAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	39820 US 19 N #70	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE NAME	P DIPIETRO, ALICE	<input type="checkbox"/> Delete
STREET ADDRESS	1815 GOLFVIEW DR	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE NAME	T HILTON, JEANNETTE	<input type="checkbox"/> Delete
STREET ADDRESS	3225 JARVIS ST	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE NAME	FVP PENDLETON, CLIFFORD	<input type="checkbox"/> Delete
STREET ADDRESS	1824 DARTMUTH DR	
CITY-ST-ZIP	HOLIDAY FL	
TITLE NAME	SVP MORTON, EUGENE	<input type="checkbox"/> Delete
STREET ADDRESS	39820 US HWY 19	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE NAME	ATD DALBEC, LAURA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6450-6 DATE PALM BLVD	
CITY-ST-ZIP	PORT RICHEY FL 34668	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D PEARN, EVELYN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1524 Ridge Shore Drive	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE NAME	DIPIETRO, ALICE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4153 Castlewood Dr.	
CITY-ST-ZIP	Holiday, FL 34691	
TITLE NAME	HILTON, JEANNETTE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	PENDLETON, CLIFFORD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	39820 U.S. 19 N #210	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE NAME	MORTON, EUGENE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4004 Chesswood Dr.	
CITY-ST-ZIP	Holiday, FL 34691	
TITLE NAME	ATD Rowena Mandell	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8015 Juarez Drive	
CITY-ST-ZIP	Port Richey, FL 34668	

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 REQUIRED** *Jeannette H. Hilton* 1-19-2000 -727-  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone # 905-50

CR2E037 (9/99)