

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2002 8:00 am**  
**Secretary of State**

01-27-2002 90010 021 \*\*\*\*61.25

**DOCUMENT # 753853**

1. Entity Name

**HELEN ELLIS MEMORIAL HOSPITAL AUXILIARY, INC.**

Principal Place of Business

Mailing Address

INC.  
 1395 S. PINELLAS AVENUE  
 TARPON SPRINGS FL 34689

INC.  
 1395 S. PINELLAS AVENUE  
 TARPON SPRINGS FL 34689

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

**59-2106043**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PEARN, EVELYN</b>	
STREET ADDRESS	<b>1524 RIDGE SHORE DRIVE</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PENDLETON, CLIFFORD</b>	
STREET ADDRESS	<b>3980 U. S. 19 NORTH #210</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>HILTON, JEANETTE</b>	
STREET ADDRESS	<b>3225 JARVIS ST</b>	
CITY-ST-ZIP	<b>HOLIDAY FL 34690</b>	
TITLE	<b>FVP</b>	<input type="checkbox"/> Delete
NAME	<b>MORTON, EUGENE</b>	
STREET ADDRESS	<b>4004 CHESSWOOD DRIVE</b>	
CITY-ST-ZIP	<b>HOLIDAY FL 34691</b>	
TITLE	<b>SVP</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN, MARTHA</b>	
STREET ADDRESS	<b>1741 MARENGO DRIVE</b>	
CITY-ST-ZIP	<b>HOLIDAY FL 34690</b>	
TITLE	<b>ATD</b>	<input type="checkbox"/> Delete
NAME	<b>MANDELL, ROWENA</b>	
STREET ADDRESS	<b>8015 JUAREZ DRIVE</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOYCE SHIBLE</b>	
STREET ADDRESS	<b>425 WATERFORD CR.</b>	
CITY-ST-ZIP	<b>TARPON SPRGS FL 34689</b>	
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: *Jeanette Hilton*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-2002 942-5000  
 Date Daytime Phone #

CR2E037 (9/01)