

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **757302**

1. Entity Name

CENTRAL FLORIDA REGIONAL HOSPITAL AUXILIARY ING.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90103 008 ****61.25

Principal Place of Business

Mailing Address

1401 W SEMINOLE BLVD
 SANFORD FL 32771

1401 W SEMINOLE BLVD
 SANFORD FL 32771-6737



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

59-2698937

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

LEFILS, GREGORY
165 OAK AVENUE
ORANGE CITY FL 32763

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	<input type="checkbox"/> Delete
NAME	REDWINE, DEE	
STREET ADDRESS	5405 ORANGE BLVD	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JONES, ROBERT	
STREET ADDRESS	711 E 1ST STREET	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RIDENHOOR, PATTI	
STREET ADDRESS	711 GREENTREE CT	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, THELMA B	
STREET ADDRESS	622 W. PLANTATION BLVD	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ELLOTT, DORIS	
STREET ADDRESS	1393 AZORA DR	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HALBACK, BETTY	
STREET ADDRESS	102 ORANGE DR	
CITY-ST-ZIP	SANFORD FL 32773	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT ELECT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUISE NOLAN	
STREET ADDRESS	6235 C 427	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	RECORDING SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA SILLER	
STREET ADDRESS	1858 MARYSVILLE DR	
CITY-ST-ZIP	DELTONA, FL 32725	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANE ENGELBRACHT	
STREET ADDRESS	CORRESPONDING SECRETARY	
CITY-ST-ZIP	1635 HUNTINGTON ST DELTONA FL 32725	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORIS ELLIOTT	
STREET ADDRESS	1393 AZORA DR	
CITY-ST-ZIP	DELTONA FL 32725	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/2000 407-321-4500
 Date Daytime Phone #

CR2E037 (9/99)