

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90001 046 ****61.25

DOCUMENT # 757302

1. Entity Name

CENTRAL FLORIDA REGIONAL HOSPITAL AUXILIARY ING.

Principal Place of Business

Mailing Address

**1401 W SEMINOLE BLVD
 SANFORD FL 32771**

**1401 W SEMINOLE BLVD
 SANFORD FL 32771**

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
After September 12, 2001, min. will be \$236.25

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
 NAME: REDWINE, DEE Delete
 STREET ADDRESS: 5405 ORANGE BLVD
 CITY-ST-ZIP: SANFORD FL 32771

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: PD
 NAME: NOLAN, LOUISE Delete
 STREET ADDRESS: 6225 C 427
 CITY-ST-ZIP: SANFORD FL 32773

TITLE: Change Addition
 NAME: **ROGERS, LOUISE**
 STREET ADDRESS: **SAME**
 CITY-ST-ZIP: **SAME**

TITLE: SD Delete
 NAME: SILLER, BARBARA
 STREET ADDRESS: 1858 MARYSVILLE DR
 CITY-ST-ZIP: DELTONA FL 32725

TITLE: Change Addition
 NAME: **KATHERYN ALEXANDER**
 STREET ADDRESS: **1312 W 8th ST**
 CITY-ST-ZIP: **SANFORD, FL 32771**

TITLE: T Delete
 NAME: SMITH, THELMA B
 STREET ADDRESS: 622 W. PLANTATION BLVD
 CITY-ST-ZIP: LAKE MARY FL

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: SD Delete
 NAME: ENCEBRACHI, JANE
 STREET ADDRESS: 1635 HUNTINGTON ST
 CITY-ST-ZIP: DELTONA FL 32725

TITLE: Change Addition
 NAME: **ENGELBRACHT, JANE**
 STREET ADDRESS: **SAME**
 CITY-ST-ZIP: **SAME**

TITLE: VPD Delete
 NAME: ELLIOT, DORIS
 STREET ADDRESS: 1393 AZORA DR
 CITY-ST-ZIP: DELTONA FL 32725

TITLE: Change 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:

THELMA B SMITH (THELMA B SMITH) 7/7/2001

407-321-4560

EXT 5660

CR2E037 (5/01)