

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 90722 020 \*\*\*\*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

Zip

Country

Zip

Country

4. FEI Number

**59-2698937**

Applied For

Not Applicable

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

TITLE: PD PRES ELECT  
 NAME: Stassen, Helen  Change  Addition  
 STREET ADDRESS: 76 DOGWOOD TR  
 CITY-ST-ZIP: DEBARY FL 32713

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

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

TITLE: SD  
 NAME: ALEXANDER, KATHRYN  Delete  
 STREET ADDRESS: 1212 W 8TH STREET  
 CITY-ST-ZIP: SANFORD FL 32771

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

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

TITLE:  Change  Addition  
 NAME: MARY HELEN JONES  
 STREET ADDRESS: 2340 TIMBER CREST DR  
 CITY-ST-ZIP: DEBARY FL 32728

TITLE: SD  
 NAME: ENGELBRACHT, JANE  Delete  
 STREET ADDRESS: 1835 HUNTINGTON ST  
 CITY-ST-ZIP: DELTONA FL 32725

TITLE: VPD  
 NAME: Anthony, Dorothy  Change  Addition  
 STREET ADDRESS: 200 FOREST DR  
 CITY-ST-ZIP: Sanford, FL 32773

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

TITLE:  Change  Addition  
 NAME: Elliot, Doris  
 STREET ADDRESS: 1393 Azora Drive  
 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: *THELMA B SMITH* 5/2/02 407-321-4300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 DATE: 5/2/02 487 566

CR2E037 (9/01)