

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767539

1. Entity Name

DELRAY COMMUNITY HOSPITAL VOLUNTEERS, INC.

Principal Place of Business

5352 LINTON BLVD
DELRAY BEACH FL 33484

Mailing Address

5352 LINTON BLVD
DELRAY BEACH FL 33484

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

59-2351286

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

MCCOY, BECKY
5352 LINTON BLVD
DELRAY BEACH FL 33484

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

Becky McCoy, Director of Volunteer Services

4/9/01

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 SD ☒ Delete
NAME SHAPIRO, ETHEL
STREET ADDRESS NORMANDY M 586
CITY-ST-ZIP DELRAY BEACH FL

TITLE SD ☐ Change ☒ Addition
NAME RAYMER, FRANCES
STREET ADDRESS 10439 S CIRCLE LAKE DRIVE
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE VP ☐ Delete
NAME GORDON, BERTHA
STREET ADDRESS 6821 MOONLIT DR
CITY-ST-ZIP DELRAY FL

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

TITLE T ☐ Delete
NAME SELIGMAN, SHIRLEY
STREET ADDRESS 10633 PALM LEAF DR.
CITY-ST-ZIP BOYNTON BEACH FL

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

TITLE P ☐ Delete
NAME GIMLER, ART
STREET ADDRESS 5293 CLEVELAND ROAD
CITY-ST-ZIP DELRAY BEACH FL

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

TITLE D ☐ Delete
NAME SLADE, RUTH
STREET ADDRESS 732 BURGUNDY P
CITY-ST-ZIP DELRAY BEACH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

ARTHUR GIMLER, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/2001

(561)495-3243

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90054 017 ****61.25

530784



DO NOT WRITE IN THIS SPACE