

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23868

1. Entity Name

SANTA ROSA MEDICAL CENTER AUXILIARY, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90044 020 ****61.25

Principal Place of Business

1450 BERRYHILL RD.
MILTON FL 32570
US

Mailing Address

1450 BERRYHILL RD.
MILTON FL 32570-4042
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2847957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BYROM, JENNIFER
310 ELMIRA STR
MILTON FL 32570

7. Name and Address of New Registered Agent

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBERTSON, ELBA	
STREET ADDRESS	400 CONEYHILL ST	
CITY-ST-ZIP	MILTON FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	EGLER, LOUISE	
STREET ADDRESS	5124 WESTPORT DR	
CITY-ST-ZIP	MILTON FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRIFFITH, PEGGY	
STREET ADDRESS	914 LARK AVENUE	
CITY-ST-ZIP	MILTON FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	PHILLIP, PATTI	
STREET ADDRESS	134 SANTA ROSA DR.	
CITY-ST-ZIP	PACE FL 32571	
TITLE	D	<input type="checkbox"/> Delete
NAME	PINKE, ROSE	
STREET ADDRESS	1926 WHITMIRE RD	
CITY-ST-ZIP	MILTON FL 32570	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dot Lewis	
STREET ADDRESS	114 Hinote St.	
CITY-ST-ZIP	MILTON, FL 32570	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY OLIVER	
STREET ADDRESS	5325 YANCY DR	
CITY-ST-ZIP	PACE, FL 32571	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" 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	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTHA PRESSLEY	
STREET ADDRESS	6415 ASHBOROUGH CT Apt A	
CITY-ST-ZIP	MILTON, FL 32570	

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: *Peggy Griffith* RE *Peggy Griffith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00

Date

850-623-6330

Daytime Phone #