

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90185 012 \*\*\*\*61.25

0018312

**DOCUMENT # N23868**

1. Entity Name

**SANTA ROSA MEDICAL CENTER AUXILIARY, INC.**

Principal Place of Business

**1450 BERRYHILL RD.  
MILTON FL 32570  
US**

Mailing Address

**1450 BERRYHILL RD.  
MILTON FL 32570  
US**

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

**59-2847957**

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

**BYROM, JENNIFER  
310 ELMIRA STR  
MILTON FL 32570**

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 ☐ Delete  
NAME **P**  
STREET ADDRESS **LEWIS, DOT**  
CITY-ST-ZIP **114 HINOTE ST  
MILTON FL 32570**

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

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **OLIVER, MARY**  
CITY-ST-ZIP **5325 YANCY DR  
PACE FL 32571**

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

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **GRIFFITH, PEGGY**  
CITY-ST-ZIP **914 LARK AVENUE  
MILTON FL**

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

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **PHILLIP, PATTI**  
CITY-ST-ZIP **134 SANTA ROSA DR.  
PACE FL 32571**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **NELSON, BERT**  
CITY-ST-ZIP **5713 LIA DRIVE  
MILTON, FL 32570**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **PINKE, ROSE**  
CITY-ST-ZIP **1926 WHITMIRE RD  
MILTON FL 32570**

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

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **PRESSLEY, MARTHA**  
CITY-ST-ZIP **6415 ASHBOROUGH CT, APT A  
MILTON FL 32570**

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:

*Peggy Griffith* **Signature Required** **Peggy Griffith** **1/22/01** **850-623-6330**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)