

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90003 028 ****70.00

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1. Entity Name

AUXILIARY OF ST. PETERSBURG GENERAL HOSPITAL, IN

Principal Place of Business

6500 38TH AVE. NO.
ST. PETERSBURG FL 33710

Mailing Address

6500 38TH AVE. NO.
ST. PETERSBURG FL 33710

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

59-2045366

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENRY, PATRICIA A.
6017-38TH AVE N
ST PETERSBURG FL 33772

7. Name and Address of New Registered Agent

Name CHET McQUADE
Street Address (P.O. Box Number is Not Acceptable)

1926 NORFOLK ST N
City ST PETE FL Zip Code 33710

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 P ☒ Delete
NAME HENRY, THOMAS O
STREET ADDRESS 6017 38TH AVE N.
CITY-ST-ZIP SAINT PETERSBURG FL 33710

TITLE S ☒ Delete
NAME SECKEL, OLA MAE
STREET ADDRESS 5710 6TH AVE N. # 217
CITY-ST-ZIP ST PETERSBURG FL 33710

TITLE D ☒ Delete
NAME WALKER, PAT
STREET ADDRESS 6477 33RD AVE. N.
CITY-ST-ZIP ST PETERSBURG FL 33710

TITLE T ☒ Delete
NAME HENRY, PATRICIA A.
STREET ADDRESS 6017 38TH AVE N
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE D ☒ Delete
NAME HENRY, PATRICIA
STREET ADDRESS 6017 38TH AVE N
CITY-ST-ZIP SAINT PETERSBURG FL 33710

TITLE VP ☒ Delete
NAME MCQUADE, CHET
STREET ADDRESS 1926 NORFOLK ST. 11
CITY-ST-ZIP SAINT PETERSBURG FL 33710

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition
NAME CHET McQUADE
STREET ADDRESS 1926 NORFOLK ST N
CITY-ST-ZIP ST. PETE FL 33710

TITLE S ☒ Change ☐ Addition
NAME KATHERINE MASKULAK
STREET ADDRESS 5285 26 AVEN
CITY-ST-ZIP ST. PETE FL 33710

TITLE D ☒ Change ☐ Addition
NAME CAROL ROWE
STREET ADDRESS 2531 62 ST. N
CITY-ST-ZIP ST PETE FL 33710

TITLE T ☒ Change ☐ Addition
NAME CAROL McQUADE
STREET ADDRESS 1926 NORFOLK ST. N
CITY-ST-ZIP ST. PETE FL 33710

TITLE D ☒ Change ☐ Addition
NAME GRACE KELLY
STREET ADDRESS 4435 92 AVEN
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE VP ☒ Change ☐ Addition
NAME ETHAL BATSON
STREET ADDRESS 9501 45 WAY N
CITY-ST-ZIP PINELLAS PARK FL 33782

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/01

Date

Daytime Phone #

CR2E037 (10/00)