

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90731 016 *****61.25

DOCUMENT # 717016

1. Entity Name

**AUXILIARY OF ST. PETERSBURG GENERAL HOSPITAL, IN
C.**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

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

**MCQUADE, CHET
1926 NORFOLK STREET NORTH
SAINT PETERSBURG FL 33710**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **MCQUADE, CHET**
STREET ADDRESS **1926 NORFOLK STREET NORTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

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

TITLE **S** ☐ Delete
NAME **O'BRIEN, MARGARET**
STREET ADDRESS **113 DOGWOOD CIRCLE N**
CITY-ST-ZIP **SEMINOLE FL 33777**

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

TITLE **D** ☐ Delete
NAME **ROWE, CAROL**
STREET ADDRESS **2531 62ND STREET NORTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

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

TITLE **T** ☐ Delete
NAME **MCQUADE, CAROL**
STREET ADDRESS **1926 NORFOLK STREET NORTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

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

TITLE **D** ☐ Delete
NAME **KELLY, GRACE**
STREET ADDRESS **4435 92ND AVENUE NORTH**
CITY-ST-ZIP **PINELLAS PARK FL 33782**

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

TITLE **VP** ☒ Delete
NAME **BATSON, ETHAL**
STREET ADDRESS **9501 45TH WAY NORTH**
CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE ☒ Change ☒ Addition
NAME **UP PEARL SHIFFMAN**
STREET ADDRESS **1868 SHORE DR. S. #604**
CITY-ST-ZIP **GULFPORT FL 33707**

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

Carol McQuade **CAROL MCQUADE - T** **4/29/03** **722-345-6577**

CR2E037 (10/02)