

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

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90087 050 ****61.25

DOCUMENT # 701445

1. Entity Name

TAMPA GENERAL HOSPITAL AUXILIARY, INC.



Principal Place of Business

**DAVIS ISLAND
P O BOX 1289
TAMPA FL 33601**

Mailing Address

**DAVIS ISLAND
P O BOX 1289
TAMPA FL 33601**

90009351



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0810712**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ARNOLDS, DONNA
6203 MANGROVE DR
ZEPHRYHILLS FL 33544**

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

Donna Arnold

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	2VPT	<input type="checkbox"/> Delete
NAME	MILLER, VIVIAN	
STREET ADDRESS	3812 S KENWOOD AVE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	PT	<input type="checkbox"/> Delete
NAME	HART, MARY JO	
STREET ADDRESS	4005 W. SAN MIGUEL ST	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOSGROVE, ELSIE	
STREET ADDRESS	7536 17TH LANE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ARNOLD, GARY	
STREET ADDRESS	6203 MANGROVE DRIVE	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, C.M.	
STREET ADDRESS	716 OREGON AVENUE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	1VPT	<input type="checkbox"/> Delete
NAME	RICHARDSON, DEE	
STREET ADDRESS	7908 PATTERSON ROAD	
CITY-ST-ZIP	TAMPA FL 33634	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Donna Arnold **RECORDED**

CR2E037 (10/02)