

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

FILED

02 JUL -9 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 705164

1. Entity Name

Broward General Medical Center Auxiliary  
of Ft. Lauderdale

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1600 S Andrews Ave

Suite, Apt. #, etc.

3. Mailing Address

1600 S Andrews Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale FL

4. FEI Number

59-0895145

Applied For

Not Applicable

Zip

33316

Country

USA

Zip

33316

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Lynne duBergier

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

5346 S.W. 32 Terrace

City

Ft. Lauderdale

FL

Zip Code

33312

**DO NOT WRITE  
IN THIS SPACE**

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

Lynne duBergier

Lynne duBergier

6/17/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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 Co-President  
NAME PD Lynne duBergier  
STREET ADDRESS 5346 S.W. 32 Terrace  
CITY-ST-ZIP Ft. Lauderdale FL 33312

TITLE  
NAME  
STREET ADDRESS 400006360564--2  
CITY-ST-ZIP -07/12/02--01059--029  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE Co-President  
NAME PD Clara Kihl  
STREET ADDRESS 900 S.W. 12 Street #314  
CITY-ST-ZIP Ft. Lauderdale FL 33315

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE 1st Vice President  
NAME VD Ann Hochstrasser  
STREET ADDRESS 2709 N.E. 26 Ave.  
CITY-ST-ZIP Ft. Lauderdale FL 33306

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE 2nd Vice President  
NAME VD Christine Outlaw  
STREET ADDRESS 620 S.W. 7th Ave  
CITY-ST-ZIP Ft. Lauderdale FL 33316

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Treasurer  
NAME TD Pat Hamilton  
STREET ADDRESS 723 N.E. 18th Ave  
CITY-ST-ZIP Ft. Lauderdale

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Gift Shop Treasurer  
NAME TD Pat Dougherty  
STREET ADDRESS 3500 S.W. 117 Ave  
CITY-ST-ZIP Davie FL 33330

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Lynne duBergier

Lynne duBergier

6/17/02

CR2E037B (12/01)

**BROWARD GENERAL MEDICAL CENTER AUXILIARY**

1600 South Andrews Avenue  
Fort Lauderdale, Florida

33316

(305) 355-5374

3rd Vice President

"D" Dawn Palmer

1453 S.W. 20th Ave

Ft. Lauderdale, FL 33312

"D" Dorothy Maden

~~2493 Andros Lane~~

Ft. Lauderdale FL. 33312