

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705235

1. Entity Name

LAKELAND REGIONAL MEDICAL CENTER AUXILIARY, INC.

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90007 021 ****61.25

Principal Place of Business

LAKELAND HILLS BLVD.
P.O. BOX 95448
LAKELAND FL 33804

Mailing Address

LAKELAND HILLS BLVD.
P.O. BOX 95448
LAKELAND FL 33804

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

59-1030894

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

STEPHENS, JACK T.
1324 LAKELAND HILLS BLVD
LAKELAND FL 33804

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 PD
NAME VETTER, ELIZABETH
STREET ADDRESS 4503 SELKIRK LANE E
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE VPD
NAME Ward, Rosa
STREET ADDRESS 10000 US Highway 98N #776
CITY-ST-ZIP Lakeland, FL 33809 ☐ Change ☒ Addition

TITLE PED
NAME KEENEN, DORIS
STREET ADDRESS 513 FINNEY ST.
CITY-ST-ZIP LAKELAND FL 33803 ☐ Delete

TITLE VPD
NAME Dolen, Bill
STREET ADDRESS 10000 US Highway 98 N. #262
CITY-ST-ZIP Lakeland, FL 33809 ☐ Change ☒ Addition

TITLE VPD
NAME MUSELAAR, JOHANNA
STREET ADDRESS 719 VENETIAN AVENUE
CITY-ST-ZIP LAKELAND FL 33801 ☒ Delete

TITLE CSD
NAME Bradley, Eleanor
STREET ADDRESS 4149 Cobblestone Drive
CITY-ST-ZIP Lakeland, FL 33813 ☐ Change ☒ Addition

TITLE VPD
NAME SPENCER, MARY LOU
STREET ADDRESS 1639 CRYSTAL LAKE DRIVE
CITY-ST-ZIP LAKELAND FL 33801 ☒ Delete

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

TITLE RSD
NAME WHITE, JEAN
STREET ADDRESS 1209 DELEON WAY
CITY-ST-ZIP LAKELAND FL 33805 ☐ Delete

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

TITLE T
NAME WADSWORTH, EVA
STREET ADDRESS 2258 MISSION HILLS DRIVE
CITY-ST-ZIP LAKELAND FL 33810 ☐ Delete

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

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: Elizabeth Vetter, President 1/9/02 863-687-1115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)