

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90098 006 \*\*\*\*61.25

**DOCUMENT # 710095**

1. Entity Name

**ALL CHILDREN'S HOSPITAL GUILD, INC.**

Principal Place of Business

777 4TH ST SOUTH  
P.O. BOX 3142  
ST PETERSBURG FL 33701  
US

Mailing Address

777 4TH ST SOUTH  
P.O. BOX 3142  
ST PETERSBURG FL 33701  
US

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

**59-6173263**

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

**MOMBERG, JOEL D**  
**777 4TH ST SOUTH 3RD FLOOR**  
**ST. PETERSBURG FL 33701**

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 **CEOD** ☒ Delete  
NAME **GIVEN, LEE**  
STREET ADDRESS **3500 BAYSHORE BLVD NE**  
CITY-ST-ZIP **ST PETERSBURG FL 33703-5512**

TITLE **CEOD** ☒ Change ☐ Addition  
NAME **WITTEL, GINGER**  
STREET ADDRESS **119 120TH AVE**  
CITY-ST-ZIP **TREASURE ISLAND, FL 33706-5109**

TITLE **CCEO** ☒ Delete  
NAME **NEELY, DIANA**  
STREET ADDRESS **8767 HERSHEY LN**  
CITY-ST-ZIP **SEMINOLE FL 33777**

TITLE **CCEO** ☒ Change ☐ Addition  
NAME **GIVEN, LEE**  
STREET ADDRESS **3704 FOSTER HILL DR N**  
CITY-ST-ZIP **ST. PETERSBURG FL 33704-1141**

TITLE **RSD** ☒ Delete  
NAME **GREGORY, SUSAN**  
STREET ADDRESS **7332 REGINA ROYALE**  
CITY-ST-ZIP **SARASOTA FL 34238-4579**

TITLE **RSD** ☒ Change ☐ Addition  
NAME **SCHAEFER, PHYLLIS**  
STREET ADDRESS **11680 74TH AVE N**  
CITY-ST-ZIP **SEMINOLE FL 33772-5327**

TITLE **CSD** ☒ Delete  
NAME **HOWELLS, OAT**  
STREET ADDRESS **8943 WICKER LANE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34654-5015**

TITLE **CSD** ☒ Change ☐ Addition  
NAME **MYERS, ASA**  
STREET ADDRESS **12959 FARMINGTON TRAIL**  
CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **TRD** ☒ Delete  
NAME **MICHAEL, ANNE**  
STREET ADDRESS **201 OLD MILL POND RD**  
CITY-ST-ZIP **PALM HARBOR FL 34683-1714**

TITLE **TRD** ☒ Change ☐ Addition  
NAME **TURNER, DEBBIE**  
STREET ADDRESS **4110 BAYSHORE BLVD NE**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33703-5524**

TITLE **TRED** ☒ Delete  
NAME **TURNER, DEBBIE**  
STREET ADDRESS **4110 BAYSHORE BLVD NE**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33703-5524**

TITLE **TRED** ☒ Change ☐ Addition  
NAME **HOWELLS, PAT**  
STREET ADDRESS **8943 WICKER LANE**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654-5015**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

116101 727-525-3303