

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90067 001 \*\*\*\*61.25

0041480

**DOCUMENT # 710095**

1. Entity Name

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

Principal Place of Business

Mailing Address

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CCEO GIVEN, LEE 3704 FOSTER HILL DR N SAINT PETERSBURG FL 33704-1141</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOD WHITTEL, GINGER 119 20TH AVE TREASURE ISLAND FL 33706-5109</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RSD SCHAEFER, PHYLLIS 11680 74TH AVE N SEMINOLE FL 33772-5327</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRED HOWELLS, PAT 8943 WICKER LANE NEW PORT RICHEY FL 34654-5015</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CSD MYERS, ASA 12959 FARMINGTON TRAIL SEMINOLE FL 33776</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRD TURNER, DEBBIE 4110 BAYSHORE BLVD NE SAINT PETERSBURG FL 33703-5524</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CCEO Ginger Wittel 119 120th Avenue Treasure Island, FL 33706-5109</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOD Mary Young 330 N. Bathclub Blvd. N. Redington Beach, FL 33708-1528</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RSD Gail Miller 14156 84th Terr. N. Seminole, FL 33776-2823</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRED Sandy Moss 2972 East Vina Del Mar Blvd. St. Pete Beach, FL 33706-2727</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CSD Lorraine DeLange 5920 80th Street North #212 St. Petersburg, FL 33709-7035</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRD Pat Howells 8943 Wicker Lane New Port Richey, FL 34654-5015</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:

*Pat Howells*  
**PAT HOWELLS**

**3/13/02**

**727-849-5332**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)