2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 710541** Jan 27, 2000 8:00 am 1. Entity Name **Secretary of State** SARASOTA MEMORIAL HOSPITAL AUXILIARY, INC. 01-27-2000 90087 029 ****61.25 Principal Place of Business Mailing Address 1700 S. TAMIAMI TRAIL 1700 S. TAMIAMI TRAIL SARASOTA FL 34239-3555 **SARASOTA FLA 34239-3509** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-1405372 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ATHAS, LUCY M 1700 S TAMIMAI TRAIL SARASOTA FL 34239 City 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 1. 3. 2 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. \Box Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE Change ☐ Addition TITLE Delete BURKE, PEGGY NAME ATHAS, LUCY M NAME 1700 S. TAMIAMI TRAIL STREET ADDRESS 1700 S TAMIAMI TRAIL STREET ADDRESS SALASOTA, FL 34239 -355 CITY-\$T-ZIP CITY-ST-ZIP SARASOTA FL 34239-3555 Delete Change . TITLE TITLE LONGSON, WALERIE NAME Burke, Peggy NAME STREET ADDRESS STREET ADDRESS MAIMATER OBT 1700 S TAMIAMI TRAIL 34239 -3555 CITY-ST-ZIP CITY-ST-ZIP ATOZAJA S SARASOTA FL 34239-3555 <u>~V D</u> VD. Delete TITLE TITLE ACKERMAN, KATHY HOMAN, BETTY NAME NAME 1700 S. TAMIAMI TRAIL STREET ADDRESS STREET ADDRESS 1700 S. TAMIAMI TRAIL CITY-ST-ZIP SALASOTO CITY-ST-ZIP SARASOTA FL 34239-3555 3 Change Addition Œ Schelete TITLE TITLE REUSE FRANK 1700 S. TAMIAMI TRAIL NAME NAME CHERNOFF, GERALD P STREET ADDRESS STREET ADDRESS 1700 S. TAMIAMI TRAIL 5ALA60TA, FC 34239-3855 CITY-ST-ZIP CITY-ST-ZIP Sarasota Fl Delete TITI F TITLE EMMERICH HELEN KOPP, JOHN A NAME NAME TRAIL STREET ADDRESS STREET ADDRESS 1700 S. TAMIAMI TRAIL 1200 S. TAMIAM 34536-3872 CITY-ST-ZIP CITY-ST-7IP SARASOTA FL MOZAJA3 Delete TITLE SD TITLE HERZBRUN, REMA NAME NAME benjamin, mary hou STREET ADDRESS STREET ADDRESS 1700 S. TAMIAMI TRAIL MATIZ ODSI CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34239-3555

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:

Kekolohineer SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR