

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90023 013 *****61.25

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DOCUMENT # 710541

1. Entity Name

SARASOTA MEMORIAL HOSPITAL AUXILIARY, INC.

Principal Place of Business

1700 S. TAMiami TRAIL
 SARASOTA FL 34239-3555

Mailing Address

1700 S. TAMiami TRAIL
 SARASOTA FL 34239-3555
 US

717688



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1405372

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~ATHAS, LUCY M.~~
~~1700 S TAMiami TRAIL~~
~~SARASOTA FL 34239~~

Name **BURKE, MARGARET**

Street Address (P.O. Box Number is Not Acceptable)
1700 S. TAMiami TRAIL

City **SARASOTA**

FL

Zip Code
34239

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

Margaret Burke President

2-14-2001

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	VD LONGSON, VALERIE 1700 S TAMiami TRAIL SARASOTA FL 34239-3555	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURKE, PEGGY 1700 S TAMiami TRAIL SARASOTA FL 34239-3555	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ACKERMAN, KATHY 1700 S. TAMiami TRAIL SARASOTA FL 34239-3555	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REUSS, FRANK 1700 S. TAMiami TRAIL SARASOTA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EMERLICH, HELEN 1700 S. TAMiami TRAIL SARASOTA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENJAMIN, MARY LOU 1700 S. TAMiami TRAIL SARASOTA FL 34239-3555	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURKE, MARGARET 1700 S. TAMiami TRAIL SARASOTA FL 34239-3555	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POTTER, MARVIN 1700 S. TAMiami TRAIL SARASOTA FL 34239-3555	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHERNOFF, GERALD 1700 S TAMiami TRAIL SARASOTA FL 34239-3555	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EMMERICH, HELEN 1700 S TAMiami TRAIL SARASOTA FL 34239-3555	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOCLEY, PAT 1700 S TAMiami TRAIL SARASOTA FL 34239-3555	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

MARGARET BURKE PRESIDENT

Margaret Burke (407) 917-1012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)