

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90097 014 ****61.25

DOCUMENT # 710541

1. Entity Name

SARASOTA MEMORIAL HOSPITAL AUXILIARY, INC.



Principal Place of Business

**1700 S. TAMiami TRAIL
SARASOTA FL 34239-3555**

Mailing Address

**200 S ORANGE AVE
C/O J. HIGH MIDDLEBROOKS
SARASOTA FL 34236
US**

10042937



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 **59-1405372**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIDDLEBROOKS, J H
200 S ORANGE AVE
SARASOTA FL 34236**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, MARGIE	
STREET ADDRESS	1700 S TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34239-3555	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LANTHIER, MIRIAM	
STREET ADDRESS	1700 S TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34239-3555	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOOLEY, PAT	
STREET ADDRESS	1700 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34239-3555	
TITLE	PD	<input type="checkbox"/> Delete
NAME	POTTER, MARVIN	
STREET ADDRESS	1700S TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34239-3555	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BENJAMIN, MARY LOU	
STREET ADDRESS	1700 S TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34239-3555	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KANABY, SUE	
STREET ADDRESS	1700 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COUCH, DAVID	
STREET ADDRESS	1700 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHERNOFF, GERRY	
STREET ADDRESS	1700 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSENHAUS, VIRGINIA	
STREET ADDRESS	1700 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

318/01

CR2E037 (10/02)