

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712984

1. Entity Name

MORTON PLANT HOSPITAL AUXILIARY, INC.

FILED

Jan 18, 2000 8:00 am  
Secretary of State

01-18-2000 90103 013 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
% PRESIDENT      % PRESIDENT  
323 JEFFORDS ST.: P.O. BOX 210      323 JEFFORDS ST.: P.O. BOX 210  
CLEARWATER FL 34617      CLEARWATER FL 33757-0210

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-6211662

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

PURDY, ATALA  
1832 NURSERY RD  
CLEARWATER FL 33764-2464

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

TITLE      PD      ☐ Delete  
NAME      PURDY, ATALA  
STREET ADDRESS      1832 NURSEY RD  
CITY-ST-ZIP      CLEARWATER FL 33764-2464

TITLE      VPD      ☐ Delete  
NAME      CLARKE, WILLIAM  
STREET ADDRESS      2696 BEAGLE PATH  
CITY-ST-ZIP      PALM HARBOUR, FL 34683-6403

TITLE      T      ☐ Delete  
NAME      SIPLE, LAVERNE  
STREET ADDRESS      3 DRUID PLACE  
CITY-ST-ZIP      BELLAIR FL 33756-1917

TITLE      ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE      ☐ Change      ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-05-2000 727-461-8062