

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716141

1. Entity Name

UNIVERSITY COMMUNITY HOSPITAL AUXILIARY, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90258 013 ****61.25

Principal Place of Business

Mailing Address

3100 E. FLETCHER AVENUE
TAMPA FL 33613-4613

3100 E. FLETCHER AVENUE
TAMPA FLA 33613-4613

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

23-7011345

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

GEILBERT, LEONARD H.
ONE HARBOUR PLACE
TAMPA FL 33602

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 VPD ☐ Delete
NAME MCCARTHY, CAROLYN S
STREET ADDRESS BOX 215
CITY-ST-ZIP TAMPA FL 33613

TITLE PD ☒ Change ☐ Addition
NAME MCCARTHY, CAROLYN S
STREET ADDRESS BOX 215
CITY-ST-ZIP TAMPA, FL 33613

TITLE VPD ☒ Delete
NAME PARKER, ELIZABETH D
STREET ADDRESS 6016-G LAKETREE LN
CITY-ST-ZIP TAMPA FL 33617

TITLE TD ☐ Change ☒ Addition
NAME VALDES, EUNICE
STREET ADDRESS 13620 LAKE MAGDALENE BLVD #103
CITY-ST-ZIP TAMPA, FL 33618

TITLE TD ☐ Delete
NAME WALTER, RODNEY
STREET ADDRESS 9304 PEBBLE CREEK
CITY-ST-ZIP TAMPA FL 33647

TITLE VPD ☒ Change ☐ Addition
NAME WALTER, RODNEY
STREET ADDRESS 9304 PEBBLE CREEK
CITY-ST-ZIP TAMPA, FL 33647

TITLE SD ☐ Delete
NAME JONES, VIVIAN
STREET ADDRESS 406 BROXBURN AVE
CITY-ST-ZIP TAMPA TERRACE FL 33617

TITLE VPD ☒ Change ☐ Addition
NAME JONES, VIVIAN
STREET ADDRESS 406 BROXBURN AVE
CITY-ST-ZIP TEMPLE TERRACE, FL 33617

TITLE PD ☒ Delete
NAME JANDREAU, RUTH
STREET ADDRESS 9937 JOE EBERT RD.
CITY-ST-ZIP SEFFNER FL

TITLE SD ☐ Change ☒ Addition
NAME CATHERINE SKIDMORE
STREET ADDRESS 7 BRIARWOOD LANE
CITY-ST-ZIP THONOTOSASSA, FL 33592

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 of R. McCarthy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00

Date

972-7286

Daytime Phone #