

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90287 035 ****61.25

0059384

DOCUMENT # 716141

1. Entity Name

UNIVERSITY COMMUNITY HOSPITAL AUXILIARY, INC.

Principal Place of Business

Mailing Address

**3100 E. FLETCHER AVENUE
TAMPA FL 33613-4613**

**3100 E. FLETCHER AVENUE
TAMPA FL 33613-4613**

618316

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

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

TITLE TD ☐ Delete
NAME VALDES, EUNICE
STREET ADDRESS 13620 LAKE MACDALENE BLVD #103
CITY-ST-ZIP TAMPA FL 33618

TITLE VPD ☐ Change ☒ Addition
NAME VANDYKE, EDITH
STREET ADDRESS 11413 LARKWOOD WAY
CITY-ST-ZIP TAMPA, FL 33625

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

TITLE VPD ☐ Change ☐ Addition
NAME BEVIS, AMANDA
STREET ADDRESS 18118 US 41, LOT 2A
CITY-ST-ZIP LUTZ, FL 33549

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

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

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

TITLE SD ☐ Change ☒ Addition
NAME SMITH, BETTY
STREET ADDRESS 4118 E. 98th AVE.
CITY-ST-ZIP TAMPA, FL 33617

TITLE VPD ☐ Delete
NAME JONES, VIVIAN
STREET ADDRESS 406 BROXBURN AVE
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 33612

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: *Rodney M. Walter* **SIGNATURE REQUIRED** *RODNEY M. WALTER 1-30-01 813 618 7286*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)