

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90271 019 ****61.25

DOCUMENT # 716141

1. Entity Name

UNIVERSITY COMMUNITY HOSPITAL AUXILIARY, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**GEILBERT, LEONARD H.
ONE HARBOUR PLACE
TAMPA FL 33602**

7. Name and Address of New Registered Agent

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 \$61.259. 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 **VPD**
NAME **VANDYKE, EDITH**
STREET ADDRESS **11413 LARKWOOD WAY**
CITY-ST-ZIP **TAMPA FL 33625**☐ DeleteTITLE **TD**
NAME **VALDES, EUNICE**
STREET ADDRESS **13620 LAKE MACDALENE BLVD #103**
CITY-ST-ZIP **TAMPA FL 33612**☐ DeleteTITLE **PD**
NAME **WALTER, RODNEY**
STREET ADDRESS **9304 PEBBLE CREEK**
CITY-ST-ZIP **TAMPA FL 33647**☐ DeleteTITLE **SD**
NAME **SKYMORE, CATHRINE**
STREET ADDRESS **7 BRIANWOOD LANE**
CITY-ST-ZIP **THONOTOSASSA FL 33592**☒ DeleteTITLE **VPD**
NAME **BEVIS, AMANDA**
STREET ADDRESS **18118 US 41 LOT 2A**
CITY-ST-ZIP **LUTZ FL 33549**☒ DeleteTITLE **SD**
NAME **SMITH, BETTY**
STREET ADDRESS **13620 LAKE MAGDALENE BLVD. # 10300**
CITY-ST-ZIP **TAMPA FL 33612**☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE **VPD**
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE **SD**
NAME **BARBARA CLITES**
STREET ADDRESS **22254 YABHT CLUB TERRACE**
CITY-ST-ZIP **LAND-O-LAKES FL 34639** ☐ Change ☒ AdditionTITLE **SD**
NAME **MURIEL ERICKSON**
STREET ADDRESS **13514 SHADY SHORES DRIVE**
CITY-ST-ZIP **TAMPA FL 33613** ☐ Change ☒ AdditionTITLE **TD**
NAME **HARVEY SIMPSON**
STREET ADDRESS **715 BANNOCKBURN AVE**
CITY-ST-ZIP **TEMPLE TERRACE FL 33617** ☐ Change ☒ 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:**SIGNATURE REQUIRED**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)