

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90186 045 ****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

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

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

Eunice Valdes

Street Address (P.O. Box Number is Not Acceptable)

13620 Lake Magdalena Blvd #103

Tampa

City

FL

Zip Code

33618

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

Eunice Valdes

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

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

TITLE VPD
NAME VALDES, EUNICE ☐ Delete
STREET ADDRESS 13620 LAKE MACDALENE BLVD #103
CITY-ST-ZIP TAMPA FL 33612

TITLE VD
NAME EVANS, MARGARET O ☒ Delete
STREET ADDRESS 3739 AMBERMIST DRIVE
CITY-ST-ZIP TAMPA FL 33619

TITLE SD
NAME CLITES, BARBARA ☐ Delete
STREET ADDRESS 22254 YACHTCLUB TERRACE
CITY-ST-ZIP LAND O LAKES FL 34639

TITLE SD
NAME ERICKSON, MURIEL ☐ Delete
STREET ADDRESS 13514 SHADY SHORES DRIVE
CITY-ST-ZIP TAMPA FL 33613

TITLE TD
NAME JANDREAU, RUTH ☐ Delete
STREET ADDRESS 9937 JOE EBERT ROAD
CITY-ST-ZIP SEFFNER FL 33584

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C.B.
NAME Marsha Bravo ☐ Change ☒ Addition
STREET ADDRESS 16401 Grass Lake Dr.
CITY-ST-ZIP TAMPA, FL 33618

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

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

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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

Ruth Jandreau

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-04

Date

Daytime Phone #