

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721726

1. Entity Name

AUXILIARY GIFT SHOP, INC. OF NORTH BAY MEDICAL C

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90032 015 ****61.25

Principal Place of Business

Mailing Address

6600 MADISON AVENUE
NEW PORT RICHEY FL 34652-1971

6600 MADISON AVENUE
NEW PORT RICHEY FLA 34652-1971

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2344159

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

YOUNGCLAUS, JOSAPHINE
7325 MONTEGO AVE
NEW PORT RICHEY FL 34653

Name

Julie Morgan

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

6441 Sentry Way

City

New Port Richey

FL

Zip Code

34653

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

Julie Morgan, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-6-00

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	<input checked="" type="checkbox"/> Delete
NAME	MOREAU, JUNE	
STREET ADDRESS	9917 LOPEZ	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BRUDERICK, PHYLLIS	
STREET ADDRESS	8009 FOX HOLLOW DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	MOREAU, JUNE	
STREET ADDRESS	9917 LOPEX	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BURGART, DOROTHY	
STREET ADDRESS	5852 SEA FOREST DR APT#518	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MORGAN, JULIE	
STREET ADDRESS	6441 SENTRY WAY	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BLACK, GLORIA	
STREET ADDRESS	2506 LAKE HAVEN DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIE MORGAN	
STREET ADDRESS	6441 Sentry Way, New Port Richey, FL	
CITY-ST-ZIP	34653	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELEANOR JOHNSON	
STREET ADDRESS	5946 CENTRAL	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLORIA BLACK	
STREET ADDRESS	2506 LAKE HAVEN DR.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HELEN CORONATI	
STREET ADDRESS	3700 CAMBRIDGE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

HELEN CORONATI BLACK GLORIA A. BLACK 2-29-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)