

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90068 041 ****61.25

DOCUMENT # 721726

1. Entity Name

AUXILIARY GIFT SHOP, INC. OF NORTH BAY MEDICAL C

Principal Place of Business

**6600 MADISON AVENUE
 NEW PORT RICHEY FL 34652-1971**

Mailing Address

**6600 MADISON AVENUE
 NEW PORT RICHEY FL 34652-1971**

00026003



DO NOT WRITE IN THIS SPACE

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

**MORGAN, JULIE
 6441 SENTRY WAY
 NEW PORT RICHEY FL 34653**

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

X

3-13-01

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 **MORGAN, JULIE**
 STREET ADDRESS **6441 SENTRY WAY,**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **S** ☐ Change ☒ Addition
 NAME **Frances Hardin**
 STREET ADDRESS **3625 Spring Valley Dr.**
 CITY-ST-ZIP **New Port Richey, FL 34655**

TITLE **VD** ☐ Delete
 NAME **JOHNSON, ELEANOR**
 STREET ADDRESS **5946 CENTRAL**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **T** ☒ Change ☐ Addition
 NAME **Gloria Black**
 STREET ADDRESS **2506 Lake Haven Dr.**
 CITY-ST-ZIP **New Port Richey, FL 34655**

TITLE **ST** ☒ Delete
 NAME **BLACK, GLORIA**
 STREET ADDRESS **2506 LAKE HAVEN DR.**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **[Signature]** ☐ Change ☐ Addition
 NAME **[Signature]**
 STREET ADDRESS **[Signature]**
 CITY-ST-ZIP **[Signature]**

TITLE **D** ☐ Delete
 NAME **CORONATI, HELEN**
 STREET ADDRESS **3700 CAMBRIDGE DR.**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **[Signature]** ☐ Change ☐ Addition
 NAME **[Signature]**
 STREET ADDRESS **[Signature]**
 CITY-ST-ZIP **[Signature]**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 REQUIRED FOR A. BLACK 3-13-01 727-842-8468**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)