

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730136

1. Entity Name

COLUMBIA FORT WALTON BEACH MEDICAL CENTER AUXILIARY

Principal Place of Business

Mailing Address

1000 MAR WALT DR.
FT. WALTON BEACH FL 32547-6708

1000 MAR WALT DR.
FT. WALTON BEACH FL 32547-6708

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

23-7412360

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

Name

Herring, Mariece

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

108 Loizas Dr.

City

Fort Walton Beach

FL

Zip Code

32548

LEWIS, ELIZABETH P
335 WOODHAM CT
FT. WALTON BEACH FL 32547

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 PD Mariece Herring

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-00

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, ELIZABETH P	
STREET ADDRESS	335 WOODHAM CT	
CITY-ST-ZIP	FT. WALTON BEACH FL 32547	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NEILL, BETTY J	
STREET ADDRESS	128 COUNTRY CLUB RD	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, BARBARA	
STREET ADDRESS	585 FAIRWAY CT	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	
TITLE	RSD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, MARY	
STREET ADDRESS	97 12TH AVE	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	CSD	<input checked="" type="checkbox"/> Delete
NAME	WEBSTER, RITA	
STREET ADDRESS	222 MARSHALL NE	
CITY-ST-ZIP	FT. WALTON BEACH FL 32-5447	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HUELS, RUTH	
STREET ADDRESS	318 SMITH DR	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herring, Mariece	
STREET ADDRESS	108 Loizas Dr.	
CITY-ST-ZIP	Ft. Walton Beach FL 32548	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hodges, Pat	
STREET ADDRESS	101 Hands Cove Lane	
CITY-ST-ZIP	Shalimar, FL 32579	
TITLE	RSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Guy, Dutchie	
STREET ADDRESS	2089 Bella Breeze Ct.	
CITY-ST-ZIP	Navarre, FL 32566	
TITLE	CSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosen, Elizabeth	
STREET ADDRESS	3 Falcon Ridge Lane	
CITY-ST-ZIP	Ft. Walton Beach, FL 32547	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Webster, Rita	
STREET ADDRESS	222 Marshall Dr., N.E.	
CITY-ST-ZIP	Ft. Walton Beach FL 32547	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-00 850-244-538

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90027 020 ****61.25



DO NOT WRITE IN THIS SPACE