

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730136

1. Entity Name

FORT WALTON BEACH MEDICAL CENTER AUXILIARY, INC.

Principal Place of Business

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

Mailing Address

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

HERRING, MARIECE
108 LOIZAS DR.
FT. WALTON BEACH FL 32547

Name

Neill, Betty J.

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

128 Country Club Road

City

Shalimar

FL

Zip Code

32579

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 Betty J. Neill

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

TITLE PD
NAME HERRING, MARIECE
STREET ADDRESS 108 LOIZAS DR.
CITY-ST-ZIP FORT WALTON BEACH FL 32548 ☒ Delete

TITLE VD
NAME NEILL, BETTY J
STREET ADDRESS 128 COUNTRY CLUB RD
CITY-ST-ZIP SHALIMAR FL 32579 ☒ Delete

TITLE VD
NAME HODGES, PAT
STREET ADDRESS 101 HANDS COVE LANE
CITY-ST-ZIP SHALIMAR FL 32579 ☐ Delete

TITLE RSD
NAME GUY, DUTCHIE
STREET ADDRESS 2089 BELLA BREEZE CT.
CITY-ST-ZIP NAVARRE FL 32566 ☐ Delete

TITLE CSD
NAME ROSEN, ELIZABETH
STREET ADDRESS 3 FALCON RIDGE LANE
CITY-ST-ZIP FORT WALTON BEACH FL 32547 ☒ Delete

TITLE TD
NAME WEBSTER, RITA
STREET ADDRESS 222 MARSHALL DR., N.E.
CITY-ST-ZIP FORT WALTON BEACH FL 32547 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME Neill, Betty J.
STREET ADDRESS 128 Country Club Rd.
CITY-ST-ZIP Shalimar, FL 32579 ☒ Change ☐ Addition

TITLE VD
NAME Rosen, Elizabeth
STREET ADDRESS 3 Falcon Ridge Lane
CITY-ST-ZIP Ft. Walton Beh., FL 32547 ☒ Change ☐ Addition

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

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

TITLE CSD
NAME Seagrave, Helen
STREET ADDRESS 58 Jonquill Ave.
CITY-ST-ZIP Ft. Walton Beh., FL 32548 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: Betty J. Neill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90104 009 ****61.25

605892



DO NOT WRITE IN THIS SPACE

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