

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730729

1. Entity Name

ORLANDO REGIONAL LUCERNE HOSPITAL AUXILIARY, INC

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90037 036 \*\*\*\*61.25

Principal Place of Business

Mailing Address

818 S. MAIN LANE  
ORLANDO FL 32801

818 S. MAIN LANE  
ORLANDO FL 32801-3727

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

51-0172205

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

GERENT, LILLIAN  
12 COOLEDGE STREET  
WINTER GARDEN FL 34787

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

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 HANSHAW, REBA  
STREET ADDRESS 818 MAIN LANE  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☒ Addition  
NAME RSID Dorothea  
STREET ADDRESS 818 MAIN LANE  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE TD ☐ Delete  
NAME GERENT, LILLIAN C  
STREET ADDRESS 12 COOLEDGE ST.  
CITY-ST-ZIP WINTER GARDEN FL

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

TITLE VPD ☐ Delete  
NAME JOHNSON, FERN  
STREET ADDRESS 818 MAIN LANE  
CITY-ST-ZIP ORLANDO FL

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

TITLE VPD ☒ Delete  
NAME ROBINSON, DORIS  
STREET ADDRESS 818 MAIN LN  
CITY-ST-ZIP ORLANDO FL

TITLE ☒ Change ☐ Addition  
NAME PD Robinson, Doris  
STREET ADDRESS 818 MAIN LANE  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE CSD ☐ Delete  
NAME RHINER, VIVIAN  
STREET ADDRESS 818 MAIN LANE  
CITY-ST-ZIP ORLANDO FL

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

TITLE ATD ☐ Delete  
NAME KERSH, CAROL  
STREET ADDRESS 818 MAIN LANE  
CITY-ST-ZIP ORLANDO FL

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:

*Lillian C Gerent*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-00 (407) 656-1665

Date

Daytime Phone #

CR2E037 (9/99)