

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 22, 2000 08:00 AM
Secretary of State

DOCUMENT # 734489

1. Entity Name

THE CAPE CORAL HOSPITAL AUXILIARY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 150010

P.O. BOX 150010

CAPE CORAL
33915

US FL

CAPE CORAL
33915 US FL

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

59-1647870

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCURDY ROBERT CESQ.
LEE MEMORIAL HEALTH SYSTEM
2780 CLEVELAND AVE., STE. 459
FT. MYERS FL
33902 US

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.)

07/22/2000

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
NAME TD ☐ Delete
BROOKS WILLIAM T
STREET ADDRESS 2302 SE 15TH STREET
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE
NAME TD ☒ Change ☐ Addition
BROOKS WILLIAM T
STREET ADDRESS 2302 SE 15TH STREET
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE
NAME SD ☐ Delete
SAWLER SUSAN
STREET ADDRESS 421 SW 51ST TERRACE
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE
NAME ATD ☒ Change ☐ Addition
KATZMARSKI MARGARET
STREET ADDRESS 1628 COUNTRY CLUB BLVD
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE
NAME PD ☐ Delete
DALLAS JOANNE
STREET ADDRESS 1756 EMERALD COVE CIRCLE
CITY-ST-ZIP CAPE CORAL FL 33991

TITLE
NAME VD ☒ Change ☐ Addition
TEEGARDEN CAROLYN
STREET ADDRESS 1022 SW 4TH PLACE
CITY-ST-ZIP CAPE CORAL FL 33991

TITLE
NAME VD ☐ Delete
FRANTON ALICE
STREET ADDRESS 3158 RUNNING DEER DR
CITY-ST-ZIP N FT MYERS FL 33917

TITLE
NAME PD ☒ Change ☐ Addition
WHITCOMB PHYLLIS
STREET ADDRESS 1441 SE 21ST STREET
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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.