

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90071 015 \*\*\*\*61.25

**DOCUMENT # 734489**

1. Entity Name

**THE CAPE CORAL HOSPITAL AUXILIARY, INC.**

Principal Place of Business

P.O. BOX 150010  
 CAPE CORAL FL 33915  
 US

Mailing Address

P.O. BOX 150010  
 CAPE CORAL FL 33915  
 US

000086



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

**59-1647870**

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

**MCCURDY, ROBERT C ESQ.  
 LEE MEMORIAL HEALTH SYSTEM  
 2780 CLEVELAND AVE., STE. 459  
 FT. MYERS FL 33902**

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 WHITCOMB, PHYLLIS  
 STREET ADDRESS 1441 SE 21ST STREET  
 CITY-ST-ZIP CAPE CORAL FL 33990

TITLE TD ☒ Change ☐ Addition  
 NAME Ellis, Charlotte  
 STREET ADDRESS 139 SE 30th Street  
 CITY-ST-ZIP Cape Coral, FL 33904

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

TITLE SD ☒ Change ☐ Addition  
 NAME ~~Knautz, Bonnie~~  
 STREET ADDRESS 3117 SE 22nd Ave.  
 CITY-ST-ZIP Cape Coral, FL 33904

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

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

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

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

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:** *Charlotte Ellis*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/9/01*  
 Date

*941-574-0206*  
 Daytime Phone #

CR2E037 (10/00)