

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

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

TITLE ~~PD~~
NAME Charlotte Ellis
STREET ADDRESS 13986 30TH ST.
CITY-ST-ZIP Cape Coral, FL 33904 ☒ Change ☒ Addition

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

TITLE ~~Pres Ekot~~
NAME Thelma Mc K. Trick
STREET ADDRESS 1228 SW 24TH AVE
CITY-ST-ZIP Cape Coral, FL 33904 ☐ Change ☒ Addition

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

TITLE ~~AT~~
NAME Pat Driscoll
STREET ADDRESS 406 Wildwood Pkwy
CITY-ST-ZIP Cape Coral, FL 33904 ☐ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

Charlotte Ellis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90019 037 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)