

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

01-13-2003 90438 048 ****61.25

DOCUMENT # 734489

1. Entity Name

THE CAPE CORAL HOSPITAL AUXILIARY, INC.



Principal Place of Business

Mailing Address

P.O. BOX 150010
CAPE CORAL FL 33915
US

P.O. BOX 150010
CAPE CORAL FL 33915
US

55006171



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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.
LEF 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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TEEGARDEN, CAROLYN	
STREET ADDRESS	1022 SW 4TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ELLIS, CHARLOTTE	
STREET ADDRESS	139 SE 30TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	President - D	<input type="checkbox"/> Delete
NAME	THELMA KIRKICK Mckitrick, Thelma	
STREET ADDRESS	1228 SW 24TH LANE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres-Elect - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hotchkiss, Rita	
STREET ADDRESS	2540 Pale Duro Blvd.	
CITY-ST-ZIP	N. Ft. Myers, FL 33917	
TITLE	Treasurer - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brice land, Pat	
STREET ADDRESS	406 Wild wood Parkway	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	A.T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Neff, Geri	
STREET ADDRESS	16555 N. Cleveland Ave.	
CITY-ST-ZIP	N. Ft. Myers, FL 33903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03 239-574-0206

Date

Daytime Phone #

CR2E037 (10/02)