

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736146

1. Entity Name

NORTH RIDGE GENERAL HOSPITAL AUXILIARY, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90009 018 ****61.25

Principal Place of Business Mailing Address
% CORPORATE TREASURER % CORPORATE TREASURER
5757 NORTH DIXIE HWY 5757 NORTH DIXIE HWY
OAKLAND PARK FL 33334 OAKLAND PARK FL 33334-4135

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

59-1768130

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

MAGILL, JESSICA
2824 NW 9TH TERR.
FORT LAUDERDALE FL 33311

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	<input type="checkbox"/> Delete
NAME	MAGILL, JESSICA	
STREET ADDRESS	2824 NW 9 AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COCHRAN, SONJA	
STREET ADDRESS	6297-4 BAYCLUB DR.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	COCHRAN, SONJA	
STREET ADDRESS	6297-4 BAY CLUB DRIVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PERRY, MARY	
STREET ADDRESS	4709 N W 4TH TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGILL, JESSICA	
STREET ADDRESS	2824 NW 9 AVE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCHRAN, SONJA	
STREET ADDRESS	6297-4 BAYCLUB DR	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, MARY	
STREET ADDRESS	4709 NW 4th TERR	
CITY-ST-ZIP	Pompano Beach, FL 33064	
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)(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: *MARY PERRY*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)