

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 736146**

1. Entity Name

NORTH RIDGE GENERAL HOSPITAL AUXILIARY, INC.

Principal Place of Business

% CORPORATE TREASURER
5757 NORTH DIXIE HWY
OAKLAND PARK FL 33334

Mailing Address

% CORPORATE TREASURER
5757 NORTH DIXIE HWY
OAKLAND PARK FL 33334

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 33311Name **Mary A Perry**

Street Address (P.O. Box Number is Not Acceptable)

4709 NW 4th Terrace**Pompano Beach, FL 33064**

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

TITLE PD
NAME MAGILL, JESSICA ☒ Delete
STREET ADDRESS 2824 NW 9 AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33311TITLE VP
NAME COCHRAN, SONJA ☒ Delete
STREET ADDRESS 6297-4 BAYCLUB DR.
CITY-ST-ZIP FORT LAUDERDALE FL 33309TITLE TD
NAME PERRY, MARY ☐ Delete
STREET ADDRESS 4709 NW 4TH TERR
CITY-ST-ZIP POMPANO BEACH FL 33064TITLE TD
NAME PERRY, MARY ☒ Delete
STREET ADDRESS 4709 N W 4TH TERRACE
CITY-ST-ZIP POMPANO BEACH FL 33064TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President D ☐ Change ☐ Addition
NAME Sonja Cochran
STREET ADDRESS 6297-4 Bay Club Dr.
CITY-ST-ZIP Ft. Lauderdale, FL 33309TITLE Vice President D ☐ Change ☐ Addition
NAME Jackie Kelly
STREET ADDRESS 4848 NE 23rd Avenue
CITY-ST-ZIP Ft. Lauderdale, FL 33308TITLE Treasurer D ☐ Change ☐ Addition
NAME Mary Perry
STREET ADDRESS 4709 NW 4th Terrace
CITY-ST-ZIP Pompano Beach, FL 33064TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **MARY A PERRY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 10, 2001 8:00 am
Secretary of State

03-22-2001 90041 015 ****70.00

35245

DO NOT WRITE IN THIS SPACE

CR2EL:7 (10/00)

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