

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740945

1. Entity Name

MEMORIAL HOSPITAL JACKSONVILLE AUXILIARY, INC.

Principal Place of Business

Mailing Address

3625 UNIVERSITY BLVD., SOUTH  
JACKSONVILLE FL 32216

3625 UNIVERSITY BLVD., SOUTH  
JACKSONVILLE FL 32216-4207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1839948

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

GEIGER, ALLAN T.  
1300 GULF LIFE DR., STE 800  
JACKSONVILLE FL 32207

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

TITLE NAME ☐ Delete

PD  
GORDON, JAN  
8210 LAKEMONT DR  
JACKSONVILLE FL 32216

TITLE NAME ☐ Delete

VD  
MADER, IRENE  
3419 CATAMARAN  
JACKSONVILLE FL 32223

TITLE NAME ☒ Delete

PD  
PRICE, JOANNE  
8269 SANLANDO AVENUE  
JACKSONVILLE FL 32211

TITLE NAME ☒ Delete

RST  
COLLINS, BETTY  
5220 BURDETTE RD  
JACKSONVILLE FL 32211

TITLE NAME ☐ Delete

CST  
MACARAGES, LOUISE  
2666 NICHOLAS CIR W  
JACKSONVILLE FL 32207

TITLE NAME ☐ Delete

T  
LAUZON, MARY  
211 GLYNLEA RD  
JACKSONVILLE FL 32216

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☒ Addition

CST  
Kowkabay, Rosemarie  
6239 Brooks Circle N.  
Jacksonville FL 32211

TITLE NAME ☐ Change ☒ Addition

RSD  
Simmons, Ruth  
2738 Spring PK. Rd.  
Jacksonville, FL 32207

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☒ Change ☐ Addition

TD  
Lauzon, Mary R.  
211 Glynlea Rd.  
Jacksonville FL 32216

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 R. LAUZON

1/12/00

904-399-6035

904-225-8748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #