

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90022 008 \*\*\*\*70.00

**DOCUMENT # 740945**

1. Entity Name

**MEMORIAL HOSPITAL JACKSONVILLE AUXILIARY, INC.**

Principal Place of Business

**3625 UNIVERSITY BLVD., SOUTH  
 JACKSONVILLE FL 32216**

Mailing Address

**3625 UNIVERSITY BLVD., SOUTH  
 JACKSONVILLE FL 32216**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1839948**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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          | PD                        | <input checked="" type="checkbox"/> Delete |
| NAME           | GORDON, JAN               |  |
| STREET ADDRESS | 8210 LAKEMONT DR          |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32216     |  |
| TITLE          | VD                        | <input checked="" type="checkbox"/> Delete |
| NAME           | MADER, IRENE              |  |
| STREET ADDRESS | 3419 CATAMARAN            |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32223     |  |
| TITLE          | CST                       | <input checked="" type="checkbox"/> Delete |
| NAME           | KOWKABANY, ROSEMARIE      |  |
| STREET ADDRESS | 6239 BROOKS CIRCLE N      |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32211     |  |
| TITLE          | RST                       | <input checked="" type="checkbox"/> Delete |
| NAME           | CUNNINGHAM, NINA          |  |
| STREET ADDRESS | 5000 SAN JOSE BLVD. # 192 |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32207     |  |
| TITLE          | CST                       | <input checked="" type="checkbox"/> Delete |
| NAME           | MACARAGES, LOUISE         |  |
| STREET ADDRESS | 2666 NICHOLAS CIR W       |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32207     |  |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| NAME           | LAUZON, MARY              |  |
| STREET ADDRESS | 211 GLYNLEA RD            |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32216     |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | PD                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | IRENE MADER            |  |
| STREET ADDRESS | 3419 CATAMARAN WAY     |  |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32223 |  |
| TITLE          | VD                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | LOUISE MACARAGES       |  |
| STREET ADDRESS | 2666 NICHOLAS CIRCLE W |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32207  |  |
| TITLE          | CST                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | EILEEN SMITH           |  |
| STREET ADDRESS | 12548 MASTERS RIDGE DR |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32225  |  |
| TITLE          | RST                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | MARY LYNN MOORE        |  |
| STREET ADDRESS | 3251 CESERY BLVD       |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32277  |  |
| TITLE          | CST                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | JO ANN CLEMMER         |  |
| STREET ADDRESS | 6116 HARVIN RD         |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32216  |  |
| 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 19.07(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 Lauzon* REMARK: Lauzon

2/7/02

904  
 7258748

CR2E037 (9/01)