

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757302

1. Entity Name

CENTRAL FLORIDA REGIONAL HOSPITAL AUXILIARY INC.

Principal Place of Business

1401 W SEMINOLE BLVD  
SANFORD FL 32771

Mailing Address

1401 W SEMINOLE BLVD  
SANFORD FL 32771

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2698937

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

LEFILS, GREGORY  
165 OAK AVENUE  
ORANGE CITY FL 32763

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  
After September 12, 2001, min. will be \$236.25

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  
NAME REDWINE, DEE  
STREET ADDRESS 5405 ORANGE BLVD  
CITY-ST-ZIP SANFORD FL 32771 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD  
NAME NOLAN, LOUISE  
STREET ADDRESS 6225 C 427  
CITY-ST-ZIP SANFORD FL 32773 ☐ Delete

TITLE  
NAME ROGERS, LOUISE  
STREET ADDRESS SAME  
CITY-ST-ZIP SAME ☒ Change ☐ Addition

TITLE SD  
NAME SILLER, BARBARA  
STREET ADDRESS 1858 MARYSVILLE DR  
CITY-ST-ZIP DELTONA FL 32725 ☒ Delete

TITLE SD  
NAME KATHERYN ALEXANDER  
STREET ADDRESS 1312 W 8th ST  
CITY-ST-ZIP SANFORD, FL 32771 ☐ Change ☒ Addition

TITLE T  
NAME SMITH, THELMA B  
STREET ADDRESS 622 W. PLANTATION BLVD  
CITY-ST-ZIP LAKE MARY FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME ENCEBRACHI, JANE  
STREET ADDRESS 1635 HUNTINGTON ST  
CITY-ST-ZIP DELTONA FL 32725 ☐ Delete

TITLE  
NAME ENGELBRACHT, JANE  
STREET ADDRESS SAME  
CITY-ST-ZIP SAME ☒ Change ☐ Addition

TITLE VPD  
NAME ELLIOT, DORIS  
STREET ADDRESS 1393 AZORA DR  
CITY-ST-ZIP DELTONA FL 32725 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE OF THELMA B SMITH 7/7/2001

407-321-4560

EXT 5660

FILED  
Jul 24, 2001 8:00 am  
Secretary of State

07-24-2001 90001 046 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)