

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760386

1. Entity Name

EAST POINTE HOSPITAL AUXILIARY, INC.

Principal Place of Business

1500 LEE BLVD  
LEHIGH ACRES FL 33936

Mailing Address

1500 LEE BLVD  
LEHIGH ACRES FL 33936-4835

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

59-2190899

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

JONES, MARION  
135 EAST LAKE DRIVE  
LEHIGH ACRES FL 33936

Name  
Rotondo, Borghild

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

Lehigh Acres, FL 33936

City  
Lehigh Acres, FL Zip Code 33936

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

*Borghild Rotondo*  
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 P ☒ Delete  
NAME JONES, MARION  
STREET ADDRESS 135 EAST LAKE DR  
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE P ☒ Change ☐ Addition  
NAME Rotondo, Borghild  
STREET ADDRESS 919 Hudson Ave.  
CITY-ST-ZIP Lehigh Acres, Fl. 33936

TITLE VP ☐ Delete  
NAME PENDER, ROBERT  
STREET ADDRESS 1020 CANTON AVE  
CITY-ST-ZIP LEHIGH ACRES FL 33972

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

TITLE T ☐ Delete  
NAME ZITNER, ALICE A  
STREET ADDRESS 1412 GRANDALE ST  
CITY-ST-ZIP LEHIGH ACRES FL 33936

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

TITLE SD ☐ Delete  
NAME PERRY, ELIZABETH  
STREET ADDRESS 305 E JERSEY RD  
CITY-ST-ZIP LEHIGH ACRES FL 33936

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

TITLE D ☐ Delete  
NAME STURGIS, ESTHER  
STREET ADDRESS 1104 WASHINGTON AVE  
CITY-ST-ZIP LEHIGH ACRES FL 33972

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

TITLE D ☒ Delete  
NAME MCNUTT, THOMAS G  
STREET ADDRESS 13 RICHMOND AVE  
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE D ☒ Change ☐ Addition  
NAME Fleming, Shirley A.  
STREET ADDRESS 347 Hazelwood Ave.  
CITY-ST-ZIP Lehigh Acres, Fl. 33936

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:

*Shirley A. Fleming*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2000  
Date

941-369-2101  
Daytime Phone #

CR2E037 (9/99)