

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State
 02-15-2001 90078 043 ****61.25

0070308

DOCUMENT # 760386

1. Entity Name

EAST POINTE HOSPITAL AUXILIARY, INC.

Principal Place of Business

Mailing Address

1500 LEE BLVD
 LEHIGH ACRES FL 33936

1500 LEE BLVD
 LEHIGH ACRES FL 33936

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

ROTONDO, BORGHILD
919 HUDSON AVENUE
LEHIGH ACRES FL 33936

Name
Rehm, Mary Ellen

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

Lehigh Acres,

City

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.

Mary Ellen Rehm, President

SIGNATURE

Mary Ellen Rehm
 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 NAME STREET ADDRESS CITY-ST-ZIP	P ROTONDO, BORGHILD 919 HUDSON AVE LEHIGH ACRES FL 33936	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PENDER, ROBERT 1020 CANTON AVE LEHIGH ACRES FL 33972	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZITNER, ALICE A 1412 GRANDALE ST LEHIGH ACRES FL 33936	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERRY, ELIZABETH 305 E JERSEY RD LEHIGH ACRES FL 33936	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rehm, Mary Ellen 213 Fireside Court Lehigh Acres, Fl. 33936	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Shirley A. Fleming 347 Hazelwood Ave. Lehigh Acres, Fl. 33936	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Lillian Stirling 2210 Croton Court Lehigh Acres, Fl. 33972	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rotondo, Borghild Hudson Ave Fl. 33936	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	n C. e Dr. Fl. 33936	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information indicated on this report or supplement is true and correct, and that I am an officer or director of the corporation or the receiver or trustee empowered to change, or on an attachment with an address, with all other like empowers.

Florida Statutes. I further certify that the information if made under oath; that I am an officer or director and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **941-369-2101**

CR2E037 (10/00)