

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760386

1. Entity Name

EAST POINTE HOSPITAL AUXILIARY, INC.

FILED

Mar 07, 2002 8:00 am  
Secretary of State

03-07-2002 90232 009 \*\*\*\*61.25

Principal Place of Business

1500 LEE BLVD  
LEHIGH ACRES FL 33936

Mailing Address

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

REHM, MARY ELLEN  
213 FIRESIDE COURT  
LEHIGH ACRES FL 33936

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME REHM, MARY ELLEN  
STREET ADDRESS 213 FIRESIDE COURT  
CITY-ST-ZIP LEHIGH ACRES FL 33936

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

TITLE VP ☒ Delete  
NAME FLEMING, SHIRLEY A  
STREET ADDRESS 347 HAZELWOOD AVE  
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE VP ☐ Change ☒ Addition  
NAME Packer, Virginia  
STREET ADDRESS 316 Lamella Av. S.  
CITY-ST-ZIP Lehigh Acres, FL 33936

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

TITLE T ☒ Change ☐ Addition  
NAME King, Leanoire  
STREET ADDRESS 502 Gerald Av.  
CITY-ST-ZIP Lehigh Acres, FL 33972

TITLE SD ☐ Delete  
NAME STIRLING, LILLIAN  
STREET ADDRESS 2210 CROTON COURT  
CITY-ST-ZIP LEHIGH ACRES FL 33936

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

TITLE D ☐ Delete  
NAME BORGHILD, ROTONDO  
STREET ADDRESS 919 HUDSON AVE  
CITY-ST-ZIP LEHIGH ACRES FL 33936

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

TITLE D ☒ Delete  
NAME PERRY, ELIZABETH  
STREET ADDRESS 305 EAST JERSEY RD  
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE D ☐ Change ☒ Addition  
NAME Jones, Marion C.  
STREET ADDRESS 134 E. Lake Dr.  
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:

Mary Ellen Rehm  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)