

**03**  
NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

ATX1

DOCUMENT # 760386

1. Entity Name

EAST POINTE HOSPITAL AUXILIARY, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1500 LEE BLVD

Suite, Apt #, etc

3. Mailing Address

1500 LEE BLVD

Suite, Apt #, etc.

City & State

LEHIGH ACRES, FL

City & State

LEHIGH ACRES, FL

Zip

33936

Country

Zip

33936

Country

4. FEI Number

59-2190899

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of New Registered Agent

Name

Shirley Fleming

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

347 Hazelwood Ave

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

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

400020040634

05/28/03--01043--011 \*\$61.25

DATE

FEE IS \$61.25

Initial or Amended UBR

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 NAME PRESIDENT  
STREET ADDRESS SHIRLEY FLEMING  
CITY-ST-ZIP 347 HAZELWOOD AVE  
LEHIGH ACRES, FLORIDA 33936

TITLE NAME PRESIDENT ELECT  
STREET ADDRESS ROBERT SHEEHAN  
CITY-ST-ZIP 311 WASHINGTON AVE  
LEHIGH ACRES, FL 33972

TITLE NAME VICE PRESIDENT  
STREET ADDRESS VIRGINIA PACKER  
CITY-ST-ZIP 316 LAMELLA AVE S  
LEHIGH ACRES, FL 33936

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

TITLE NAME TREASURER  
STREET ADDRESS ARLENE M NELSON  
CITY-ST-ZIP 45 TANGELO CT  
LEHIGH ACRES, FL 33936

TITLE NAME DIRECTOR/ASST TREASURER  
STREET ADDRESS MARY ELLEN REHM  
CITY-ST-ZIP 213 FIRESIDE COURT  
LEHIGH ACRES, FL 33936

TITLE NAME DIRECTOR  
STREET ADDRESS BOB ROTOLO  
CITY-ST-ZIP 919 HUDSON AVE  
LEHIGH ACRES, FL 33936

TITLE NAME DIRECTOR  
STREET ADDRESS THOMAS MCNEULT  
CITY-ST-ZIP 13 RICHMOND AVE N  
LEHIGH ACRES, FL 33936

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Shirley A. Fleming, Pres. Shirley A. Fleming 5/14/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E37B (12/01)