

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90365 026 ***150.00

DOCUMENT # H07554

1. Entity Name
~~OAK HILL COMMUNITY HOSPITAL VOLUNTEERS, INC.~~
OAK HILL HOSPITAL VOLUNTEER ASSOCIATION, INC.

Principal Place of Business
OAK HILL FLA
SPRING HILL FL 34606
US

Mailing Address
PO BOX 5300
SPRING HILL FL 34606
US

2. Principal Place of Business
11375 Cortez Blvd.

3. Mailing Address
P.O. Box 5300

Suite, Apt. #, etc.

City & State
Spring Hill, FL

City & State
Spring Hill, FL

Zip
34611

Country
Hernando

Zip
34611

Country
Hernando



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MAGNIEZ, BARBARA
12243 RONALD ST
SPRING HILL FL 34689

7. Name and Address of New Registered Agent
 Name
McElroy, Bruce D.
 Street Address (P.O. Box Number is Not Acceptable)
11375 Cortez Blvd.
 City
Spring Hill **FL** Zip Code
34611

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 *Bruce D. McElroy* **Bruce D. McElroy, Pres.** **01-09-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WRSOLOWSKI, JAIMÉ 11375 CORTEZ BLVD BROOKSVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAGNIEZ, BARBARA 12243 RONALD ST SPRING HILL FL 34689	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHISWELL, PHYLLIS 6134 BEAR TRAIL SPRING HILL FL 34607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCELROY, BRUCE 8575 ELECTRA AVE BROOKSVILLE FL 34613	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P McElroy, Bruce D. 11375 Cortez Blvd. Spring Hill, FL 34611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Chiswell, Phyllis M. 11375 Cortez Blvd. Spring Hill, FL 34611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Kavalunas, Lois 11375 Cortez Blvd. Spring Hill, FL 34611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Surles, Ruth T. 11375 Cortez Blvd. Spring Hill, FL 34611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Phyllis M. Chiswell* **Phyllis M. Chiswell** **01/09/02** **352-596-6632**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Treas. **Ext. 3639**

CR2E034 (9/01)

Attachment



Volunteer Association, Inc.

Doc # H07554
7/4325

January 09, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Gentlemen:

RE: FEI Number 59-2472574

Please find enclosed our 2002 Uniform Business Report showing a change in our Organization's Name. The Community has been dropped from our name, as you will note from the above letterhead. In addition, the zip code has also been changed to 34611.

Thank you for making note of these changes.

Sincerely,



Phyllis M. Chiswell, Treasurer

Enclosure: Ck. #4469, Amt. \$150.00