

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16744

1. Entity Name

LEE COUNTY MEDICAL SOCIETY AUXILIARY FOUNDATION,

Principal Place of Business

P.O. BOX 6445  
FT. MYERS FL 33911-3445  
US

Mailing Address

P.O. BOX 6445  
FT. MYERS FL 33911-3445  
US

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

65-0117147

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

WILKE, ANNE  
3805 FOWLER STREET  
FT. MYERS, FL FL 33901

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BARROW, NANCY	
STREET ADDRESS	11596 MAHOGANY RUN	
CITY-ST-ZIP	FT MYERS FL 33913	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MARCHILDON, KATHY	
STREET ADDRESS	11511 WELLFLEET DR.	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BACKSTRAND, SUE	
STREET ADDRESS	24 WINDERWOOD CT	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, MARIA J	
STREET ADDRESS	8526 S. LAKE CIR.	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FLEISHMAN, USA	
STREET ADDRESS	7267 LAKE DR SW	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gena Burtch	
STREET ADDRESS	15721 Glendale Lane	
CITY-ST-ZIP	Ft. Myers Fla 33912	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donna Homolka	
STREET ADDRESS	11760 Hampton Greens Drive	
CITY-ST-ZIP	Ft. Myers Fla. 33913	
TITLE	CORRESPONDING SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN WEISS	
STREET ADDRESS	12571 ALLENDALE CIRCLE	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	RECORDING SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA LUTAREWYCH	
STREET ADDRESS	15100 BLACKHAWK CIRCLE	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANGELIQUE NEBIN	
STREET ADDRESS	13832 PINE VILLA LANE	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Gena Burtch, President* Gena Burtch 1/31/00 (941) 489-4938

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE