

2001 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

3805 Fowler Street

3. Mailing Address

13300-516 S. Cleveland Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Box 112

City & State

FT. MYERS, FL

City & State

Ft. Myers, FL

Zip

33901

Country

LEE

Zip

33901

Country

LEE

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

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

7. Name and Address of New Registered Agent

Name N/A

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☒ Delete
NAME	BARTCH, GENA	
STREET ADDRESS	15721 GLENDALE LANE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	VD	☒ Delete
NAME	HAMOLKA, DONNA	
STREET ADDRESS	11760 HAMPTON GREENS DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33913	
TITLE	SD	☒ Delete
NAME	WEISS, KAREN	
STREET ADDRESS	12571 ALLENDALE CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	SD	☒ Delete
NAME	LUTAREWYCH, BARBARA	
STREET ADDRESS	15100 BLACKHAWK CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	TD	☒ Delete
NAME	NEEGIN, ANGELIQUE	
STREET ADDRESS	13832 PINE VILLA LANE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT - P	☒ Change ☐ Addition
NAME	BARBARA RODRIGUEZ	
STREET ADDRESS	13726 Brynwood Lane	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE	Vice President - VP	☒ Change ☐ Addition
NAME	MONICA SCHNEIDER	
STREET ADDRESS	11640 Bobcat Court	
CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE	SECRETARY - S	☒ Change ☐ Addition
NAME	NOREEN KURLAND	
STREET ADDRESS	13842 Pine Villa Lane	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE	SECRETARY - S	☒ Change ☐ Addition
NAME	AMY MARKOVICH	
STREET ADDRESS	11121 Harbour Estates Circle	
CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE	TREASURER - T	☐ Change ☐ Addition
NAME	MARIA LOURDES GALANG	
STREET ADDRESS	13948 Reflection Lakes Dr.	
CITY-ST-ZIP	Ft. Myers, FL 33907	
TITLE		☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/8/01

(941) 9850177