

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16745

1. Entity Name

LEE COUNTY MEDICAL SOCIETY AUXILIARY, INC.

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90017 028 ****61.25

Principal Place of Business

Mailing Address

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

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

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

59-1766330

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 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 MAHONGANY RUN	
CITY-ST-ZIP	FT. MYERS FL 33913	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MARCHILDON, KATHY	
STREET ADDRESS	11511 WELL FLEET DR.	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FLEISHMAN, LISA	
STREET ADDRESS	7267 LAKE DR. SW	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BACKSTRAND, SUE	
STREET ADDRESS	24 WINEWOOD COURT	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, MARIA J	
STREET ADDRESS	8526 S. LAKE CIRCLE	
CITY-ST-ZIP	FORT 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 PD	<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 VD	<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 SD	
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 SD	
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 NEGIN TD	
STREET ADDRESS	13832 PINEVILLA 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)(l), 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* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *President* **DATE** *1/31/00* **DAYTIME PHONE #** *(941) 489-4938*

CR2E037 (9/99)