

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27273

1. Entity Name

PASCO COMMUNITY HOSPITAL AUXILIARY, INC.

Principal Place of Business

13100 FT. KING RD
DADE CITY FL 33525

Mailing Address

13100 FT. KING RD
DADE CITY FL 33525-5294

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

59-2195654

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

BOYD, BETTY
33300 ROWNTREE DR
DADE CITY FL 33523

Name

Marion (Tina) Colvin

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

14131 Regency Lane

Dade City, FL 33525

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

Marion (Tina) Colvin

1-21-00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	LAMBARD, MARY	
STREET ADDRESS	36118 ANGLER LN	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	IVP	<input checked="" type="checkbox"/> Delete
NAME	REEVES, SUE	
STREET ADDRESS	16454 SPRING VALLY RD	
CITY-ST-ZIP	DADE CITY FL 33523	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	DEAN, MARILYN	
STREET ADDRESS	11536 PIERVIEW RD	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	RSD	<input type="checkbox"/> Delete
NAME	CORCORAN, NANCY	
STREET ADDRESS	5521 MANDAN ST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	CSD	<input checked="" type="checkbox"/> Delete
NAME	PARRY, LOUISE	
STREET ADDRESS	38138 WOODSIDE LANE	
CITY-ST-ZIP	ZEPHYR HILLS FL 33541	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BOYD, BETTY	
STREET ADDRESS	33300 ROWNTREE DR	
CITY-ST-ZIP	DADE CITY FL 33523	

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jackie Carroll	
STREET ADDRESS	11740 Elkins Rd.	
CITY-ST-ZIP	Dade City, FL 33525	
TITLE	1VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marilyn Dean	
STREET ADDRESS	11536 Pierview Rd.	
CITY-ST-ZIP	Dade City, FL 33525	
TITLE	SVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doris Pollock	
STREET ADDRESS	34425 Cedarfield Dr.	
CITY-ST-ZIP	Ridge Manor, FL 33523	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Audrey Malberti	
STREET ADDRESS	35919 Bueno Dr.	
CITY-ST-ZIP	Zephyrhills, FL 33541	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tina Colvin	
STREET ADDRESS	14131 Regency Lane	
CITY-ST-ZIP	Dade City, FL 33525	

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:

Marion (Tina) Colvin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-00

Date

(352) 567-8873

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED

Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90035 033 ****61.25