

# 2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED

Mar 01, 2001 8:00 am  
Secretary of State

02-01-2001 90191 017 \*\*\*\*61.25

DOCUMENT # N27273

1. Entity Name

PASCO COMMUNITY HOSPITAL/AUXILIARY, INC.

PASCO REGIONAL MEDICAL CENTER AUXILIARY, INC

Principal Place of Business

Mailing Address

13100 FT. KIMG RD  
DADE CITY FL 33525

13100 FT. KIMG RD  
DADE CITY FL 33525

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2195654

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLVIN, MARION  
14131 REGENCY LANE  
DADE CITY FL 33525

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete  
NAME CARROLL, JACKIE  
STREET ADDRESS 11740 ELKINS RD  
CITY-ST-ZIP DADE CITY FL 33525

TITLE Co-Presidents ☒ Change ☐ Addition  
NAME Martha Endress D  
STREET ADDRESS Joan Jarrett D  
CITY-ST-ZIP 34752 Orchid Parkway, Ridge Manor, FL 33523

TITLE IVP ☒ Delete  
NAME DEAN, MARILYN  
STREET ADDRESS 11536 PIERVIEW RD  
CITY-ST-ZIP DADE CITY FL 33525

TITLE IVP ☒ Change ☐ Addition  
NAME Mary Lombardo  
STREET ADDRESS 12051 Meadow Lane  
CITY-ST-ZIP San Antonio, FL 33576

TITLE SVP ☒ Delete  
NAME POLLOCK, DORIS  
STREET ADDRESS 34425 CEDARFIELD RD  
CITY-ST-ZIP DADE CITY FL 33523

TITLE SVP ☒ Change ☐ Addition  
NAME Mary Keefe  
STREET ADDRESS 35137 McCullough's Leap  
CITY-ST-ZIP Zephyrhills, FL 33541

TITLE RSD ☒ Delete  
NAME CORCORAN, NANCYE  
STREET ADDRESS 5521 MANDAN ST  
CITY-ST-ZIP ZEPHYRHILLS FL 33541

TITLE RS ☒ Change ☐ Addition  
NAME Doris Pollock  
STREET ADDRESS 34425 Cedarfield Dr.  
CITY-ST-ZIP Ridge Manor, FL 33523

TITLE CSD ☒ Delete  
NAME MALBERTI, AUDREY  
STREET ADDRESS 35919 BUENO DR  
CITY-ST-ZIP ZEPHYR HILLS FL 33541

TITLE CS ☒ Change ☐ Addition  
NAME Diane Rice D  
STREET ADDRESS 18610 Townsend House Rd.  
CITY-ST-ZIP Dade City, FL 33523

TITLE TD ☒ Delete  
NAME BOYD, BETTY  
STREET ADDRESS 33300 ROWNTREE DR  
CITY-ST-ZIP DADE CITY FL 33523

TITLE T ☒ Change ☐ Addition  
NAME Marion (Tina) Colvin D  
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 19.07(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* (TINA) Colvin 1/16/01 (352) 527-8273  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)