

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27527

1. Entity Name

WEST BOCA MEDICAL CENTER VOLUNTEER AUXILIARY, IN

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90179 008 ****61.25

Principal Place of Business

Mailing Address

C/O JOAN YOUNG
21644 STATE ROAD 7 (HWY. 441)
BOCA RATON FL 33428
US

C/O JOAN YOUNG
21644 STATE ROAD 7 (HWY. 441)
BOCA RATON FL 33428-1842
US

80020493



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0095362

Applied For

Not Applicable

Zip Country

Zip Country

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

PRESIDENT ELECT
21644 STATE ROAD 7
HWY 441
BOCA RATON FL 33428

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 PD
NAME KERMICK, BILL
STREET ADDRESS 22388 S.W. 65TH AVE.
CITY-ST-ZIP BOCA RATON FL ☒ Delete

TITLE PD
NAME SLONIN, NATHAN
STREET ADDRESS 9712 PARKVIEW AVE.
CITY-ST-ZIP BOCA RATON, FL. ☒ Change ☐ Addition

TITLE VPD
NAME PATTERSON, ELLEN
STREET ADDRESS 22569 SAWFISH TERR
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME SCUTELLARO, JILL
STREET ADDRESS 8326 SUNMEADOW LA
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME BROWN, VICTOR
STREET ADDRESS 2815 S.W. 13TH ST. CB-68
CITY-ST-ZIP DELRAY BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AT
NAME BERNSTEIN, HENRIETTA
STREET ADDRESS 9223 S.W. 8TH ST. #312
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AVPD
NAME PRICE, EDITH
STREET ADDRESS 11409 CORAL BAY DR.
CITY-ST-ZIP BOCA RATON, FL. ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Victor Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WEST BOCA MEDICAL CENTER
21644 STATE ROAD 7 (HWY 441)
BOCA RATON, FLORIDA 33428

2/8/00 561-488-8191

Daytime Phone #

CR2E037 (9/99)