

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27527

1. Entity Name

WEST BOCA MEDICAL CENTER VOLUNTEER AUXILIARY, IN

Principal Place of Business

Mailing Address

14 STATE ROAD 7 (HWY. 441)
BOCA RATON FL 33428

21644 STATE ROAD 7 (HWY. 441)
BOCA RATON FL 33428
US

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 65-0095362

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

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

Name
CLARENCE BLOOM
Street Address (P.O. Box Number is Not Acceptable)
9155 FLYNN CIRCLE APT #4
City
BOCA RATON FL Zip Code
33496

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 *Clarence Bloom*
Signature, typed or printed name of registered agent and title if applicable.

2-01-02
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KERMICK, WILLIAM
3339 NW 67TH STREET
COCONUT CREEK FL 33073 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
MILGRIM, BELLA
9070 TRACY COURT
BOCA RATON FL ☐ Delete

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BLOOM, CLARENCE
9155-4 FLYNN CIRCLE
BOCA RATON, FLA. 33496 ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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: *Clarence Bloom*
Signature and typed or printed name of signing officer or director

2-09-02 561-852-0132

CR2E037 (9/01)