

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002193

1. Entity Name

JOHN KNOX MED CENTER AUXILIARY, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90085 007 ****61.25

Principal Place of Business Mailing Address
1750 SOUTH VOLUSIA AVENUE 1750 SOUTH VOLUSIA AVENUE
SUITE 7 SUITE 7
ORANGE CITY FL 32763 ORANGE CITY FL 32763-7344

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 59-3234389 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARDESTY, ALONZO H III
1750 SOUTH VOLUSIA AVENUE
ORANGE CITY FL 32763

7. Name and Address of New Registered Agent

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]* (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 type="checkbox"/> Delete
NAME	TEDDER, JANE	
STREET ADDRESS	4A LILAC CT	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BUTTNER, EDITH	
STREET ADDRESS	1-A BOUGAINVILLEA CRT	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MAGEE, CAROL H	
STREET ADDRESS	5B NORTH LAKE DR	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WETZEL, JEAN	
STREET ADDRESS	1B IVY CT	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	D	<input type="checkbox"/> Delete
NAME	WETHERILL, ELEANOR	
STREET ADDRESS	1A NASTURTIUM CT	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES, MARGARET	
STREET ADDRESS	7B WESTLAKE DR	
CITY-ST-ZIP	ORANGE CITY FL 32763	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)