

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90138 026 ****61.25

DOCUMENT # N99000002520

1. Entity Name

**THE VOLUNTEER AUXILIARIES OF REGIONAL HEALTHCARE
, INCORPORATED**

Principal Place of Business

Mailing Address

**1244 MARINER BLVD
SPRING HILL FL 34609**

**1244 MARINER BLVD
SPRING HILL FL 34609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0737001

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

**NORRIS, KAY
1244 MARINER BLVD
SPRING HILL FL 34609**

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

Kay Norris

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/02

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 ☐ Delete
NAME **D**
STREET ADDRESS **WEIR, DOROTHY**
CITY-ST-ZIP **14163 EDMONDS STREET
BROOKSVILLE FL 34613**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BOYLE, SHIRLEY**
CITY-ST-ZIP **8255 COUNTRY CLUB DRIVE
BROOKSVILLE FL 34613**

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

TITLE ☐ Delete
NAME **RS**
STREET ADDRESS **KELLY, HELEN**
CITY-ST-ZIP **7094 LEXINGTON CIRCLE
BROOKSVILLE FL 34602**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BARCLAY, MARION**
CITY-ST-ZIP **14615 BROOKSVILLE BLVD
BROOKSVILLE FL 34613**

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

TITLE ☐ Delete
NAME **CS**
STREET ADDRESS **MEADE, JOABELLA**
CITY-ST-ZIP **12342 ELGIN BLVD
BROOKSVILLE FL 34609**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **THAYER, KAY**
CITY-ST-ZIP **458 ROFERS AVENUE
BROOKSVILLE FL 34609**

TITLE ☐ Change ☐ 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)(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:

Kay Norris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/02

CR2E037 (9/01)