

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90133 015 ****61.25

DOCUMENT # N99000002520

1. Entity Name

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



Principal Place of Business

**1244 MARINER BLVD
SPRING HILL FL 34609**

Mailing Address

**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

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0737001**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Kay Norris

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

(NOTE: Registered Agent signature required when reinstating)

2/5/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEIR, DOROTHY	
STREET ADDRESS	14163 EDMONDS STREET	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOYLE, SHIRLEY	
STREET ADDRESS	8255 COUNTRY CLUB DRIVE	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	RS	<input type="checkbox"/> Delete
NAME	KELLY, HELEN	
STREET ADDRESS	7094 LEXINGTON CIRCLE	
CITY-ST-ZIP	BROOKSVILLE FL 34602	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARCLAY, MARION	
STREET ADDRESS	14615 BROOKSVILLE BLVD	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	CS	<input type="checkbox"/> Delete
NAME	MEADE, JOABELLA	
STREET ADDRESS	12342 ELGIN BLVD	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	D	<input type="checkbox"/> Delete
NAME	THAYER, KAY	
STREET ADDRESS	458 ROFERS AVENUE	
CITY-ST-ZIP	BROOKSVILLE FL 34609	

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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSELL, Beverly	
STREET ADDRESS	7065 Spanish Moss Lane	
CITY-ST-ZIP	Brooksville, FL 34601	
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		

CR2E037 (10/02)

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/03

(352) 686-4991