

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90176 039 ****61.25

DOCUMENT # N99000003559

1. Entity Name

OCALA REGIONAL MEDICAL CENTER AUXILIARY FOUNDATI

Principal Place of Business

Mailing Address

1431 SW FIRST AVENUE
 Ocala FL 34474

1431 SW FIRST AVENUE
 Ocala FL 34474-0000

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

59-36-00529

5. Certificate of Status Desired ☐

\$8.75

Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUSSING, ROBERT L
 1431 SW FIRST AVENUE
 Ocala FL 34474

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 ☐ Delete
 NAME TUSSING, ROBERT L
 STREET ADDRESS 1271 NE 11TH CIR
 CITY-ST-ZIP Ocala FL 34470

TITLE ☐ Change
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME BRADSHAW, LAURA
 STREET ADDRESS 2701 NE 10TH ST UNIT 701
 CITY-ST-ZIP Ocala FL 33470

TITLE ☐ Change
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME KAY, DOLORES
 STREET ADDRESS 2591 SW 182ND STREET ROAD
 CITY-ST-ZIP Ocala FL 34473

TITLE ☐ Change
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME BILLERA, JUANITA
 STREET ADDRESS PO BOX 752
 CITY-ST-ZIP SILVER SPRINGS FL 34489

TITLE ☐ Change
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME FORRINGER, MEL
 STREET ADDRESS 8753 SW 109TH LANE
 CITY-ST-ZIP Ocala FL 34481

TITLE ☐ Change
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change
 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 11, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert L. Tusling

1-25-00