

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2001 8:00 am  
Secretary of State

04-26-2001 90073 043 \*\*\*\*61.25

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DOCUMENT # N99000003559

1. Entity Name

Ocala Regional Medical Center Auxiliary Foundati

Principal Place of Business

1431 SW FIRST AVENUE  
OCALA FL 34474

Mailing Address

1431 SW FIRST AVENUE  
OCALA FL 34474

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

59-3600529

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

TUSSING, ROBERT L  
1431 SW FIRST AVENUE  
OCALA FL 34474

Name Shereck, James E.

Street Address (P.O. Box Number is Not Acceptable)  
19916 SW 93rd Lane RD

City Dunnellon

FL

Zip Code  
34432

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 *James E. Shereck* James E. Shereck, Chairman

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

TITLE D  
NAME Shereck, James E  
STREET ADDRESS 19916 SW 93 rd Lane Rd  
CITY-ST-ZIP Dunnellon, FL 34432 ☒ Change ☐ Addition

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

TITLE D  
NAME Brydon, Donna  
STREET ADDRESS 4700 NE 11th St  
CITY-ST-ZIP Ocala, FL 34470 ☒ Change ☐ Addition

TITLE D  
NAME KAY, DOLORES  
STREET ADDRESS 2591 SW 162ND STREET ROAD  
CITY-ST-ZIP Ocala FL 34473 ☐ Delete

TITLE D  
NAME Johnson, Linda  
STREET ADDRESS 18194 SE 22nd PL  
CITY-ST-ZIP Silver Springs, FL 34488 ☒ Change ☐ Addition

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

TITLE D  
NAME Northrup, Grace  
STREET ADDRESS 3965 SE 61st PL  
CITY-ST-ZIP Ocala, FL 34480 ☐ Change ☒ Addition

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

TITLE D  
NAME Paraway, Doris  
STREET ADDRESS 1440W Hwy 316th  
CITY-ST-ZIP Citra, FL 32113 ☐ 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:

*James E. Shereck* James E. Shereck, Chairman

352-489-0676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)