

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90071 048 ****61.25

DOCUMENT # N99000003559

1. Entity Name

**OCALA REGIONAL MEDICAL CENTER AUXILIARY FOUNDATI
ON INC.**

Principal Place of Business

Mailing Address

**1431 SW FIRST AVENUE
OCALA FL 34474**

**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

**SHERECK, JAMES E
19916 SW 93RD LANE RD
DUNNELLON FL 34432**

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 **D** ☐ Delete
NAME **SHERECK, JAMES E**
STREET ADDRESS **19916 SW 93RD LANE RD**
CITY-ST-ZIP **DUNNELLON FL 34432**

TITLE **D** ☐ Change ☒ Addition
NAME **Kay, Dolores**
STREET ADDRESS **2591 SW 162ND ST. RD.**
CITY-ST-ZIP **OCALA, FL 34473**

TITLE **D** ☐ Delete
NAME **BRYDON, DONNA**
STREET ADDRESS **4700 NE 11TH ST**
CITY-ST-ZIP **OCALA FL 33470**

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

TITLE **D** ☐ Delete
NAME **JOHNSON, LINDA**
STREET ADDRESS **18194 SE 22ND PL**
CITY-ST-ZIP **SILVER SPRINGS FL 34488**

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

TITLE **D** ☐ Delete
NAME **NORTHRUP, GRACE**
STREET ADDRESS **3965 SE 61 ST PL**
CITY-ST-ZIP **OCALA FL 34480**

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

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

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

TITLE **D** ☐ Delete
NAME **PARAWAY, DORIS**
STREET ADDRESS **1440 W HWY 316TH**
CITY-ST-ZIP **CITRA FL 32113**

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:

JAMES E. SHERECK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)