

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729217

1. Entity Name

CHILDREN'S CANCER CENTER, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90156 045 ****70.00

Principal Place of Business

1 DAVIS BLVD
SUITE 604
TAMPA FL 33606
US

Mailing Address

1 DAVIS BLVD
SUITE 604
TAMPA FL 33606-3480
US

2. Principal Place of Business

4901 W. Cypress St.

Suite, Apt. #, etc.

Tampa, FL

City & State

3. Mailing Address

4901 W. Cypress St.

Suite, Apt. #, etc.

Tampa, FL

City & State

Zip

33607

Country

Zip

33607

Country

4. FEI Number

59-1779035

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIENGO, JOHN F
ONE DAVIS BLVD, SUITE 604
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name MARY ANN MASSOLIO

Street Address (P.O. Box Number is Not Acceptable)

4901 W. Cypress St.

Tampa

City

FL

Zip Code

33607

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

Mary Ann Massolio
MARY ANN MASSOLIO

Signature of registered agent 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

TITLE ED ☒ Delete
NAME FIENGO, JOHN F
STREET ADDRESS 1 DAVIS BLVD., SUITE 604
CITY-ST-ZIP TAMPA FL

TITLE S ☐ Delete
NAME VIESON, JULIE
STREET ADDRESS 501 E. KENNEDY BLVD
CITY-ST-ZIP TAMPA FL 33602

TITLE CB ☒ Delete
NAME FERRIS, DIANNE
STREET ADDRESS 11736 LIPSEY ROAD
CITY-ST-ZIP TAMPA FL 33618

TITLE T ☒ Delete
NAME CASPER, SUSAN
STREET ADDRESS 905 S. DAKOTA ST.
CITY-ST-ZIP TAMPA FL 33606

TITLE VC ☐ Delete
NAME SMITH, HUGH
STREET ADDRESS 11736 LIPSEY RD
CITY-ST-ZIP TAMPA FL 33618

TITLE VD ☐ Delete
NAME JUDISCH, JANIFER
STREET ADDRESS 1 DAVIS BLVD, SUITE 604
CITY-ST-ZIP TAMPA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Interim Director ☒ Change ☐ Addition
NAME MARY ANN MASSOLIO
STREET ADDRESS 4901 W. Cypress St.
CITY-ST-ZIP Tampa, FL 33607

TITLE Chairman-Elect ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary ☒ Change ☐ Addition
NAME Susan Gage
STREET ADDRESS 2614 Sunset Dr.
CITY-ST-ZIP Tampa, FL 33629

TITLE Treasurer ☒ Change ☐ Addition
NAME John Lowry
STREET ADDRESS 3302 San Nicolas
CITY-ST-ZIP Tampa, FL 33611

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

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:

Mary Ann Massolio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-00 (813) 356-1148

Date

Daytime Phone #

CR2F037 (9/99)