

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000752

1. Entity Name

CONNOR MORAN CHILDREN'S CANCER FOUNDATION, INC.

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90002 031 ****61.25

Principal Place of Business

Mailing Address

2450 METROCENTRE BLVD
W PALM BEACH FL 33407
US

19224 COUNTRY CLUB DRIVE
TEQUESTA FL 33469-2016
US

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

65-0374021

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

GARRIS, CHARLES E
817 BEACHLAND BLVD
VERO BEACH FL 32963

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	SLACK, DOUG	
STREET ADDRESS	172 BENT TREE DR	
CITY-ST-ZIP	PLM BCH GARDEN FL 33410	
TITLE	D	☐ Delete
NAME	FONG, HENRY	
STREET ADDRESS	2401 PGA BLVD STE 280F	
CITY-ST-ZIP	WPB FL 33410	
TITLE	D	☐ Delete
NAME	ALBERT, BETTY	
STREET ADDRESS	724 7TH CT	
CITY-ST-ZIP	PLM BCH GARDENS FL 33410	
TITLE	P	☒ Delete
NAME	DONAHUE, PAUL	
STREET ADDRESS	4400 PGA BLVD., STE 100	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	☐ Delete
NAME	SCHECHTMAN, TOM	
STREET ADDRESS	3365 BURNS RD, STE 100	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	P	☐ Delete
NAME	BOB, NICHOLS	
STREET ADDRESS	1100 FAIRFIELD DR	
CITY-ST-ZIP	W PALM BEACH FL	

TITLE	Vice President	☒ Change ☒ Addition
NAME	Bruce Silver	
STREET ADDRESS	224 Datura St. Suite 600	
CITY-ST-ZIP	West Palm Bch 33401	
TITLE	Tres. - Sec.	☐ Change ☒ Addition
NAME	Mitch Berkowitz, P.A.	
STREET ADDRESS	2601 N. Ocean Ave.	
CITY-ST-ZIP	Riveria Bch FL 33404	
TITLE	Executive Director	☐ Change ☒ Addition
NAME	Teri Moran	
STREET ADDRESS	2450 Metrocentro	
CITY-ST-ZIP	West Palm Bch FL 33407	☐ Change ☐ Addition
TITLE		☐ Change ☐ Addition
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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)