

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90306 033 \*\*\*\*61.25

**DOCUMENT # N92000000752**

1. Entity Name  
**CONNOR MORAN CHILDREN'S CANCER FOUNDATION, INC.**



Principal Place of Business

**4400 N CONGRESS  
SUITE 110  
W PALM BEACH FL 33407  
US**

Mailing Address

**4400 N CONGRESS  
SUITE 110  
W PALM BEACH FL 33407  
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

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                                         |                                            |
|------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>SILVER, BRUCE<br/>7446 BRYSM CRT<br/>LAKE WORTH FL 33467</b>                   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>FONG, HENRY<br/>2401 PGA BLVD STE 280F<br/>WPB FL 33410</b>                   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>VASTOLA, JEFF<br/>1 CLEARLAKE CENTER STE 1550<br/>WEST PALM BEACH FL 33401</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ED<br/>MORAN, TERI<br/>2450 METROCENTRE<br/>WEST PALM BEACH FL 33467</b>             | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>SCHECHTMAN, TOM<br/>3365 BURNS RD, STE 100<br/>PALM BEACH GARDENS FL</b>       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>CHARNEV, BERNIE<br/>11107 OAKDALE RD<br/>BOYNTON BEACH FL 33437</b>            | <input type="checkbox"/> Delete            |

|                                                |                                                                                              |                                                                              |
|------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Secretary<br/>Stanley BAKON<br/>11832 Fountainside Circle<br/>Boynton Beach, FL 33437</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>4400 N. Congress, Ste 110<br/>WPB Beach, FL 33407</b>                                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Treasurer</b>                                                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE REQUIRED

4/22/03

CR2E037 (10/02)