## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **N9700000085**

1. Entity Name

## FLORIDA BREAST CANCER RESOURCE NETWORK CORPORATI

Principal Place of Business 1236 S'MILITARY TRAIL DEERFIELD BEACH FL 33442 Mailing Address

1236 S MILITARY TRAIL DEERFIELD BEACH FL 33442

J. C.							
		12.44					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Žip	Country	Zip	Country				
6	. Name and Address of Cu	rrent Registered Agent					
		····	Name				

**FILED** Feb 21, 2002 8:00 am Secretary of State

02-21-2002 90065 025 \*\*\*\*61.25



2. Principal Place of Business 3. Mailin				Mailing Address							15,3			
Suite, Apt. #, etc. Su			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE								
City & State Ci			City & State			4. FEI Number 65-0725153			<u> </u>	pplied For	]			
Žip	p Country Zi			Zip Country							Not Applicable  8.75 Additional			
				7. Name and Address of New Registered Agent										
	6. Name	and Address of Current	Register	ed Agent		Name		7. Name and Addi	ress of New I	Registered	Agent		$\left\{ \right.$	
	<u> </u>	•	**-	<b>.</b>			<u> </u>				- 1444	1		
SLANK, SANDRA					Street Addres			(P.O. Box Number is N	Not Acceptabl	e)				
	LITARY TRA												]	
DEERFIELD	BEACH F	L 33442	City					F	Zip Cod	e				
8. The above	named entit	y submits this statement for	or the purp	oose of changing its	register	ed office or	registe	red agent, or both, in	the state of FI	orida.			1	
		, •, •	, ,-	3 3	Ū		•							
SIGNATURE.	Signature, typed	or printed name of registered agen	t and title if ap	plicable. (NOTI	E: Registere	d Agent signatu	ure required	d when reinstating)		DATE				
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9. Election Can				npaign F				ck Payable	ayable to					
				Trust Fund (	Contribut					Departm	partment of State			
40	1	A DEFICERS AND D	DECTOR		11.			ADDITIONS/CHANGE	S TO OFFICE	ERS AND F	DIRECTORS IN	1.10	4	
10. TITLE	P	* OFFICERS AND D	INECTORS	Delete	TITU			rector	_5 10 011101	LING AND E	Change	Addition	18	
	BLANK, SA	ANDRA				IE		deaTorres-Karlsen, Diana						
STREET ADDRESS		LITARY TRAIL			STRE	STREET ADDRESS   4787 Valencia Drive								
CITY-ST-ZIP	DEERFIEL	D BEACH FL 33442			CITY	'-\$T-ZIP	De:	lray Beach	, FL 3	3445				
TITLE	D	•		☐ Delete	TITL						☐ Change	Addition	{	
NAME		PHILLIPS, LYNN		NAM	ie Eet address									
STREET ADDRESS   CITY-ST-ZIP		26TH AVENUE				-ST-ZIP								
TITLE	D D	TON FL 33434		□ Delete	TITL						☐ Change	Addition	1	
NAME	1 -	BILLIAN, MIKI		· • · · · NAM			ـ . سح							
STREET ADDRESS	1366 SW 4TH CT			STR	EET ADDRESS									
CITY-ST-ZIP ,		TON FL 33432			CITY	'-ST-ZIP								
TITLE	SD .			Delete	TITL	Ε					☐ Change	Addition		
NAME	CIELY, KA				NAM								\	
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '-ST-ZIP								
		OD FL 33020						N.W.			Change	Addition	+	
TITLE NAME	ANGSTRE	ICH, LINDA		☐ Delete	TITL	1					□ Ollange			
STREET ADDRESS	6595 ABB					EET ADDRESS								
CITY-ST-ZIP		D FL 33067			CITY	'-ST-ZIP								
TITLE	D			☐ Delete	TITL	E					☐ Change	☐ Addition		
NAME		O, TERESA			NAM									
STREET ADDRESS	10081 SW					EET ADDRESS								
CITY-ST-ZiP	MIAMI FL	33156	L ALIA OF		UIIY	'-ST-ZIP		notion 110 07(2)(1) Fig	vide Statutes	I further o	ortify that the in	nformation	1	

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 occupantion or the receiver of 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:**