

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90109 033 \*\*\*\*61.25

**DOCUMENT # N98000007253**

1. Entity Name

**GEFFEN CANCER FOUNDATION, INC.**

Principal Place of Business

Mailing Address

C/O JOHN E. MOORE, III  
 756 BEACHLAND BOULEVARD  
 VERO BEACH FL 32963

C/O JOHN E. MOORE, III  
 756 BEACHLAND BOULEVARD  
 VERO BEACH FL 32963-1745

2. Principal Place of Business

**981 37th Place**

Suite, Apt. #, etc.

3. Mailing Address

**981 37th Place**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Vero Beach, FL**

City & State

**Vero Beach, FL**

4. FEI Number

**59-3548526**

Applied For

Not Applicable

Zip

**32960**

Country

**Indian River**

Zip

**32960**

Country

**Indian River**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MOORE, JOHN E III**  
**5070 N. HWY A-1-A**  
**STE 200**  
**VERO BEACH FL 32963**

7. Name and Address of New Registered Agent

Name **JEREMY R. GEFFEN, MD**

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

**981-37th PLACE**

City **VERO BEACH**

**FL**

Zip Code **32960**

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

**JEREMY R. GEFFEN, MD**

**4-28-00**

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

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>GEFFEN, JEREMY</b>	
STREET ADDRESS	<b>981-37TH PL.</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32960</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MOORE, JOHN E III</b>	
STREET ADDRESS	<b>5070 N. HWY A-1A, STE 200</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COTHERMAN, ROSS P</b>	
STREET ADDRESS	<b>3150 CARDINAL PL</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Cotherman, Ross P.</b>	
STREET ADDRESS	<b>5070 N. HWY A-1-A, Suite 250</b>	
CITY-ST-ZIP	<b>Vero Beach, FL 32963</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JEREMY R. GEFFEN, MD**

Date

Daytime Phone #

**4-28-00 561-770-5800**

CR2E037 (9/99)