

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40004

1. Entity Name

CANCER RESEARCH INSTITUTE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90207 009 ****61.25

Principal Place of Business

Mailing Address

681 FIFTH AVE.
12TH FLOOR
NEW YORK NY 10022
US

681 FIFTH AVE.
12TH FLOOR
NEW YORK NY 10022-4209
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-1837442

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CAPITAL CONNECTION, INC.
P.O. BOX 10349
417 EAST VIRGINIA STREET, SUITE 1
TALLAHASSEE FL 32302

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 C ☐ Delete
NAME FERRER, CARLOS A.
STREET ADDRESS 10 GLENVILLE ST
CITY-ST-ZIP GREENWICH CT 06831

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

TITLE S ☐ Delete
NAME GREEN, JOYCE, MRS.
STREET ADDRESS 28 HARBOUR ROAD
CITY-ST-ZIP KINGS POINT NY

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

TITLE T ☐ Delete
NAME DIXON, BRUCE-D
STREET ADDRESS GREENBRIAR LANE
CITY-ST-ZIP GREENWICH CT

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

TITLE CD ☐ Delete
NAME GOGEL, DONALD J.
STREET ADDRESS 126 E. 56TH STREET
CITY-ST-ZIP NEW YORK NY

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

TITLE VCD ☐ Delete
NAME BALES, CARTER F.
STREET ADDRESS 55 E. 52ND STREET
CITY-ST-ZIP NEW YORK NY

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

TITLE D ☒ Delete
NAME BERKOWITZ, HOWARD P.
STREET ADDRESS 888 SEVENTH AVENUE
CITY-ST-ZIP NEW YORK NY

TITLE VCD ☒ Change ☐ Addition
NAME Jacques C. Nordeman
STREET ADDRESS 717 Fifth Avenue, 26th Floor
CITY-ST-ZIP New York, NY 10022

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: *Carl Nordeman* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2000 203-532-8030

Date

Daytime Phone #

CR2E037 (9/99)

PH 0004
00086642

BOARD OF TRUSTEES

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Terry Cunningham



**CANCER
RESEARCH**
INSTITUTE

PH000N
00086442

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March 1, 2000

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