

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711873

*paid ck 21318*

1. Entity Name

RUMBAUGH-GOODWIN INSTITUTE FOR CANCER RESEARCH,

Principal Place of Business

1850 N.W. 69TH AVENUE  
SUITE #5  
PLANTATION FL 33313

Mailing Address

1850 N.W. 69TH AVENUE  
SUITE #5  
PLANTATION FL 33313

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

59-0866119

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

Name

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

City

FL

Zip Code

~~DAUPHINEE, DR. MICHAEL J~~  
1850 N.W. 69TH AVE.  
PLANTATION FL 33313

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, NELL M 1340 S.E. 7TH AVE. POMPAHO BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPECK, HARRY 75 ISLA BAHIA FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAUPHINEE, MICHAEL 1534 LANTANA DR. PLANTATION FL 32226	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARSHMAN, EDWARD 630 RIVERA ISLE FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIRO, CYRIL 2206 S UNIVERSITY DR FORT LAUDERDALE FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hing Wong D 2810 N. Commerce Parkway Miramar FL 33025	<input type="checkbox"/> Change <input checked="" 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:

*Michael J. Dauphinee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 22, 2001 8:00 am  
Secretary of State

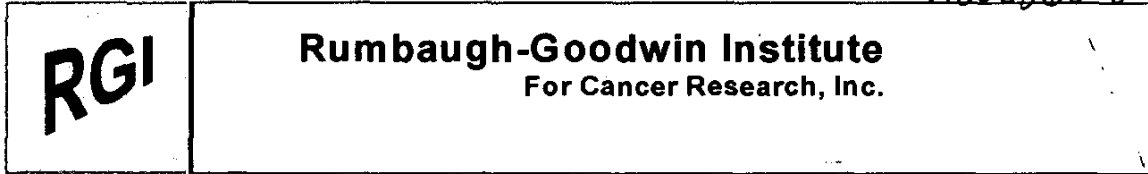
01-22-2001 90025 023 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

Attachment  
D# 71873  
A0008629



1850 NW 69th Avenue, Suite 5 / Plantation, FL 33313  
Phone 954/587-9020 • Fax 954/321-5311  
Web: [www.gicr.com](http://www.gicr.com)

Board of Trustees

Uniform Business Report (UBR) – Additional page

Section 11 Additions/changes to Officers and Directors

**V = Vice President:**

**Robert McGuire, M.D.**  
4101 NW 4<sup>th</sup> Street  
Plantation, FL 33317

**D = Director:**

**Bernard Roizman**  
University of Chicago  
Marjorie B. Kovler Viral Oncology Laboratories  
910 East 58<sup>th</sup> Street  
Chicago, IL 60637