

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715225

1. Entity Name

THE CANCER FUND OF THE SOROPTIMIST CLUB OF THE P

Principal Place of Business

246 33RD ST.  
WEST PALM BEACH FL 33407  
US

Mailing Address

246 33RD ST.  
WEST PALM BEACH FL 33407-4908  
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

59-6137894

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

HINDERAGER, JANET  
246 33RD ST  
WEST PALM BEACH FL 33407

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          | TD                          | <input type="checkbox"/> Delete |
| NAME           | HINDERAGER, JANET           |                                 |
| STREET ADDRESS | 246 33RD ST,                |                                 |
| CITY-ST-ZIP    | WEST PALM BEACH FL          |                                 |
| TITLE          | SD                          | <input type="checkbox"/> Delete |
| NAME           | WALLACE, MARTHA JO          |                                 |
| STREET ADDRESS | 200 CROSSWINDS DR VILLA D 1 |                                 |
| CITY-ST-ZIP    | W PALM BEACH FL 33413       |                                 |
| TITLE          | D                           | <input type="checkbox"/> Delete |
| NAME           | DISESA, DONNA               |                                 |
| STREET ADDRESS | 8133 SEDGEWICK CT           |                                 |
| CITY-ST-ZIP    | LAKE CLARK SHORE FL 33406   |                                 |
| TITLE          | VP                          | <input type="checkbox"/> Delete |
| NAME           | BRADY, CATHLEEN I           |                                 |
| STREET ADDRESS | 509 INDIGO AVE              |                                 |
| CITY-ST-ZIP    | WELLINGTON FL               |                                 |
| TITLE          | VP                          | <input type="checkbox"/> Delete |
| NAME           | EISMANN, RUTH               |                                 |
| STREET ADDRESS | 103 B JUPITER BEACH RD      |                                 |
| CITY-ST-ZIP    | JUPITER FL                  |                                 |
| TITLE          | P                           | <input type="checkbox"/> Delete |
| NAME           | IHO, CATHLEEN BRADY         |                                 |
| STREET ADDRESS | 509 INDIGO AVE              |                                 |
| CITY-ST-ZIP    | WELLINGTON FL               |                                 |

|                |                                  |  |
|----------------|----------------------------------|--|
| 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    |                                  |  |
| TITLE          |                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Delete. This is Cathleen         |  |
| STREET ADDRESS | Brady Iho who is listed below as |  |
| CITY-ST-ZIP    | President                        |  |
| 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 like empowered.

SIGNATURE: Cathleen Brady  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/00

Date

561/355-7500

Daytime Phone #

FILED  
Mar 10, 2000 8:00 am  
Secretary of State

03-10-2000 90021 021 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)