

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

0049875

DOCUMENT # 715225

1. Entity Name

THE CANCER FUND OF THE SOROPTIMIST CLUB OF THE P

05-03-2001 90047 006 *****61.25

Principal Place of Business

Mailing Address

246 33RD ST.
 WEST PALM BEACH FL 33407
 US

246 33RD ST.
 WEST PALM BEACH FL 33407
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6137894

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

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 ☐ Delete
 NAME **TD**
 STREET ADDRESS **HINDERAGER, JANET**
 CITY-ST-ZIP **246 33RD ST,**
WEST PALM BEACH FL

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **WALLACE, MARTHA JO**
 CITY-ST-ZIP **200 CROSSWINDS DR VILLA D 1**
W PALM BEACH FL 33413

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DISESA, DONNA**
 CITY-ST-ZIP **8133 SEDGEWICK CT**
LAKE CLARK SHORE FL 33406

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

TITLE ☒ Delete
 NAME **VP**
 STREET ADDRESS **EISMANN, RUTH**
 CITY-ST-ZIP **103 B JUPITER BEACH RD**
JUPITER FL

TITLE ☒ Change ☒ Addition
 NAME **VP**
 STREET ADDRESS **FRAN HAWSEN**
 CITY-ST-ZIP **124 SANDPIPER AVE**
ROYAL PALM BEACH, FLA 33411

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **IHO, CATHLEEN BRADY**
 CITY-ST-ZIP **509 INDIGO AVE**
WELLINGTON FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 - President 4/20/01 (561) 688-4615
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)