

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90038 043 ****70.00

DOCUMENT # 747258

1. Entity Name

GERTRUDE AND PHILIP STRAX BREAST CANCER RESEARCH

Principal Place of Business

Mailing Address

1859 N. PINE ISLAND RD.
 #301
 PLANTATION FL 33322

1859 N. PINE ISLAND RD.
 #301
 PLANTATION FL 33322-5224

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

59-2115197

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, GAYLE
950 MOCKINGBIRD LANE
#614
PLANTATION FL 33324

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: PD Delete
 NAME: MARTIN, GAYLE
 STREET ADDRESS: 950 MOCKINGBIRD LANE
 CITY-ST-ZIP: PLANTATION FL

TITLE: **VISIT** Change Addition
 NAME: **MARY ANN GARDNER**
 STREET ADDRESS: **20889 GARDNER ROAD**
 CITY-ST-ZIP: **ELBERTA, ALABAMA 36530**

TITLE: TD Delete
 NAME: BUCK, FRANK
 STREET ADDRESS: 111 WICKHAM RD.
 CITY-ST-ZIP: GARDEN CITY NY 11530

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

TITLE: Delete
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 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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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: **SIG GAYLE RACIAnting GAYLE MARTIN** 5/15/00 954 473-0768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)