

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90058 024 \*\*\*\*61.25

**DOCUMENT # 767316**  
 1. Entity Name  
**INTER-AMERICAN SOCIETY FOR CHEMOTHERAPY, INC.**

Principal Place of Business 1115 E KENNEDY BLVD (33602) PO BOX 2380 TAMPA FL 33601-2380	Mailing Address UTAH STATE UNIVERSITY 5600 UNIVERSITY BLVD. LOGAN UT 84322-5600 US
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DO NOT WRITE IN THIS SPACE

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 <b>59-2386280</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**  
 FRANKEL, JACK  
 1115 E. KENNEDY BLVD.  
 TAMPA FL 33602

**7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	VPD	<input type="checkbox"/> Delete
NAME	FELD, RONALD	
STREET ADDRESS	500 SHERBOURNE ST. PRINCESS MARGARET HOSP.	
CITY-ST-ZIP	TORONTO ON	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERGERON, MICHEL	
STREET ADDRESS	2705 BOULE LAURIER	
CITY-ST-ZIP	ST. FOY (QUEBEC) CANADA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DILLMAN, ROBERT	
STREET ADDRESS	HOAG MEMORIAL CANCER RESEARCH	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GUSTAVO-GERCOVISH, FELIPE	
STREET ADDRESS	PSIO 2 APT 7	
CITY-ST-ZIP	BUENOS AIRES AR	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANKEL, JACK	
STREET ADDRESS	1115 E. KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SIDWELL, ROBERT W	
STREET ADDRESS	UTAH STATE UNIV, 5600 UNIV BLVD	
CITY-ST-ZIP	LOGAN UT 84322	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ussery, Michael	
STREET ADDRESS	Innogenetics, 6465 E. Johns Crossing	
CITY-ST-ZIP	Duluth, GA 30097	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dillman, Robert	
STREET ADDRESS	Hoag Memorial Cancer Research	
CITY-ST-ZIP	Newport Beach, CA	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gustavo-Gercovich, Felipe	
STREET ADDRESS	Inst. Oncologico Henry Moore, Agüero 1248	
CITY-ST-ZIP	Buenos Aires 1425, Argentina	
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:** Robert W. Sidwell 1/12/00 435-797-1902  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #