

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767316

1. Entity Name

INTER-AMERICAN SOCIETY FOR CHEMOTHERAPY, INC.

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

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

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	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2386280		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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 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	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELD, RONALD	NAME	
STREET ADDRESS	500 SHERBOURNE ST. PRINCESS MARGARET HOSP.	STREET ADDRESS	
CITY-ST-ZIP	TORONTO ON	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERGERON, MICHEL	NAME	Ussery, Michael
STREET ADDRESS	2705 BOULE LAURIER	STREET ADDRESS	Innogenetics, 6465 E. Johns Crossing
CITY-ST-ZIP	ST. FOY (QUEBEC) CANADA	CITY-ST-ZIP	Duluth, GA 30097
TITLE	PD <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLMAN, ROBERT	NAME	Dillman, Robert
STREET ADDRESS	HOAG MEMORIAL CANCER RESEARCH	STREET ADDRESS	Hoag Memorial Cancer Research
CITY-ST-ZIP	NEWPORT BEACH CA	CITY-ST-ZIP	Newport Beach, CA
TITLE	SD <input type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUSTAVO-GERCOVISH, FELIPE	NAME	Gustavo-Gercovich, Felipe
STREET ADDRESS	PSIO 2 APT 7	STREET ADDRESS	Inst. Oncologico Henry Moore, Aguerro 1248
CITY-ST-ZIP	BUENOS AIRES AR	CITY-ST-ZIP	Buenos Aires 1425, Argentina
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKEL, JACK	NAME	
STREET ADDRESS	1115 E. KENNEDY BLVD.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDWELL, ROBERT W	NAME	
STREET ADDRESS	UTAH STATE UNIV, 5600 UNIV BLVD	STREET ADDRESS	
CITY-ST-ZIP	LOGAN UT 84322	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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W. Sidwell

1/12/00

435-797-1902

Date

Daytime Phone #