

2001 UNIFORM BUSINESS REPORT (UBR)**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

2. Principal Place of Business

730 126th St.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Treasure Island, FL

City & State

Zip

33706

Country

US

Zip

Country

4. FEI Number

59-2386280

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

FRANKEL, JACK
1115 E. KENNEDY BLVD.
TAMPA FL 33602change to
730 126th St.
Treasure Island, FL 33706

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.

Our current registered agent has changed his address and principal place of business.

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ussery, Michael NIAID, 6700B Rockledge Dr., Rm 5209 Bethesda, MD 20892	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Frankel, Jack 730 126th St. Treasure Island, FL 33706	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/01 435-797-1902

FILED
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90028 028 ****61.25

A0006473



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)