

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90015 049 ****61.25

DOCUMENT # 767316

1. Entity Name

INTER-AMERICAN SOCIETY FOR CHEMOTHERAPY, INC.

Principal Place of Business

Mailing Address

**730- 136TH ST
TAMPA FL 33601-2380**

**UTAH STATE UNIVERSITY
5600 UNIVERSITY BLVD.
LOGAN UT 84322-5600
US**

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

59-2386280

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 33602**

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** ☐ Delete
NAME **FELD, RONALD**
STREET ADDRESS **500 SHERBOURNE ST. PRINCESS MARGARET HOSP.**
CITY-ST-ZIP **TORONTO ON**

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

TITLE **D** ☐ Delete
NAME **BERGERON, MICHEL**
STREET ADDRESS **2705 BOULE LAURIER**
CITY-ST-ZIP **ST. FOY (QUEBEC) CANADA**

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

TITLE **PD** ☐ Delete
NAME **DILLMAN, ROBERT**
STREET ADDRESS **HOAG MEMORIAL CANCER RESEARCH**
CITY-ST-ZIP **NEWPORT BEACH CA**

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

TITLE **SD** ☐ Delete
NAME **GUSTAVO-GERCOVISH, FELIPE**
STREET ADDRESS **PSIO 2 APT 7**
CITY-ST-ZIP **BUENOS AIRES AR**

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

TITLE **D** ☐ Delete
NAME **FRANKEL, JACK**
STREET ADDRESS **1115 E. KENNEDY BLVD.**
CITY-ST-ZIP **TAMPA FL 33602**

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

TITLE **TD** ☐ Delete
NAME **SIDWELL, ROBERT W**
STREET ADDRESS **UTAH STATE UNIV, 5600 UNIV BLVD**
CITY-ST-ZIP **LOGAN UT 84322**

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

4/2

Date

Daytime Phone #

CR2E037 (9/01)