

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003713

1. Entity Name

INTERNATIONAL LEAGUE OF DERMATOLOGICAL SOCIETIES

Principal Place of Business

Mailing Address

~~7045 SOUTH TAMiami TRAIL STE 2B~~
SARASOTA FL ~~34231~~ 34242
P.O. Box 35069

~~7045 SOUTH TAMiami TRAIL STE 2B~~
SARASOTA FL 34231

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

52-2057426

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

NICHOLS, BARBARA

~~7045 SOUTH TAMiami TRAIL STE 2B~~ P.O. Box 35069
SARASOTA FL ~~34231~~ 34242

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 KATZ, STEPHEN I
STREET ADDRESS 31 CENTER DRIVE MSC 2350
CITY-ST-ZIP BETHESDA MD

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

TITLE SD ☐ Delete
NAME NISHIKAWA, TAKEJI
STREET ADDRESS 35 SHINANOMACHI, SHINJUKU-KU
CITY-ST-ZIP TOKYO, JAPAN

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

TITLE D ☐ Delete
NAME COOPER, ALAN
STREET ADDRESS 3 WINTON STREET
CITY-ST-ZIP WARRAWEE, AUSTRALIA

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

TITLE D ☒ Delete
NAME DURAN, MARIA M
STREET ADDRESS TRANS 18A #96-30 APTO 502
CITY-ST-ZIP BOGOTA, COLUMBIA

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

TITLE D ☐ Delete
NAME GIANNOTTI, BENVENUTO
STREET ADDRESS VIA DEGLI ALFANI 37
CITY-ST-ZIP FLORENCE, ITALY

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

TITLE D ☐ Delete
NAME KAMINSKY, ANA
STREET ADDRESS AYACUCHO 1570, 5TH FL
CITY-ST-ZIP BUENOS AIRES, ARGENTINA

TITLE ☐ Change ☐ 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:

VICTORIA VICTORIA VICTORIA

4/16/01

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90206 026 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)