

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006189

1. Entity Name

LCC CANCER SUPPORT GROUP, INC.

Principal Place of Business

2276 FIRESTONE PLACE
CYPRESSWOOD
WINTER HAVEN FL 33884

Mailing Address

P O BOX 4025
WINTER HAVEN FL 33885-4025

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

59-3645952

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

KEATON, LINDEL
2276 FIRESTONE PLACE-CYPRESSWOOD
WINTER HAVEN FL 33884

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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 P
NAME KEATON, LINDEL
STREET ADDRESS 2276 FIRESTONE PLACE-CYPRESSWOOD
CITY-ST-ZIP WINTER HAVEN FL 33884 ☐ Delete

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

TITLE TR
NAME ANDERSON, CHARRELL
STREET ADDRESS 200 AVE. K S.E. #335
CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ Delete

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

TITLE TR
NAME CROSSLEY, MAGGIE
STREET ADDRESS 136 AVE. S. N.E.
CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ Delete

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

TITLE TR
NAME CARR, SHIRLEY
STREET ADDRESS 120 REBECCA LANE, APT. 8
CITY-ST-ZIP AUBURNDALE FL 33823 ☐ Delete

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

TITLE S
NAME ADAMS, TORI
STREET ADDRESS 1473 AVE H, S.W
CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

Lindel Keaton

REQUIRED

9-13-02

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90107 041 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)