

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-12-2001 90118 010 ****61.25

DOCUMENT # N00000006388

1. Entity Name

UNIVERSAL CANCER FOUNDATION, INC.

Principal Place of Business

6484 SUGAR TREE DR
 SPRING HILL FL 34607

Mailing Address

6484 SUGAR TREE DR
 SPRING HILL FL 34607



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6484 Sugar Tree Dr
 Suite, Apt. #, etc.
 Springhill
 City & State Florida

3. Mailing Address

6484 Sugar Tree Dr.
 Suite, Apt. #, etc.
 Springhill
 City & State Florida

4. FEI Number

59-3654420

Applied For

Not Applicable

Zip

34607

Country

Hernando

Zip

34607

Country

Hernando

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SINHA, PURENDRA P
 6484 SUGAR TREE DR
 SPRING HILL FL 34607

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 fee if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, 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

TITLE ① President
 NAME SINHA, PURENDRA P. ①
 STREET ADDRESS 6484 Sugartree Dr.
 CITY-ST-ZIP Springhill Fl. 34607

TITLE ② Treasurer
 NAME SINHA, PUSHPA ②
 STREET ADDRESS 6484 Sugartree Drive
 CITY-ST-ZIP Springhill, Fl. 34607

TITLE ③ Secretary
 NAME AMITA IANNONE ③
 STREET ADDRESS 3310 NAKORA DRIVE
 CITY-ST-ZIP TAMPA, FL 33618

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 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 or other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/01

Date

352-597-1490

Daytime Phone #

CR2E037 (5/01)