

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90133 015 ****61.25

DOCUMENT # NO10000001603

1. Entity Name

BRAIN TUMOR FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6207 Old Court Road

3. Mailing Address
6207 Old Court Road

Suite, Apt. #, etc.
#603

Suite, Apt. #, etc.
#603

DO NOT WRITE IN THIS SPACE

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number
EIN-65-1082640

Applied For
Not Applicable

Zip
33433

Country
U.S.A.

Zip
33433

Country
U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Christopher A. Hammer

Street Address (P.O. Box Number is Not Acceptable)
6207 Old Court Road #603

City Boca Raton FL Zip Code 33433

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

**FEE IS \$61.25
Initial or Amended UBR**

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
P/T/D
Christopher A. Hammer
6207 Old Court Road #603
Boca Raton, FL 33433

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V/D
Lowell V. Hammer
1592 S.E. Ballantrae Court
Port St. Lucie, FL 34952-6040

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S/D
Elizabeth B. Hammer
1592 S.E. Ballantrae Court
Port St. Lucie, FL 34952-6040

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Terry Lietz
800 Brown Street
Key Largo, FL 33047

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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STREET ADDRESS
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Christopher A. Hammer

CHRISTOPHER HAMMER 04-08-02 561-750-6374

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)