

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000007674

1. Entity Name

RON J. SPADOLA LYMPHOMA FOUNDATION, INC.

Principal Place of Business

2850 N. PALM AIRE DR., #204
POMPANO BEACH FL 33069

Mailing Address

2850 N. PALM AIRE DR., #204
POMPANO BEACH FL 33069

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

65-1149895

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPADOLA, JENNY
2850 N. PALM AIRE DR., #204
POMPANO BEACH FL 33069

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 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

TITLE ☐ Delete
NAME SPADOLA, JENNY
STREET ADDRESS 2850 N. PALM AIRE DR., #204
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ☐ Delete
NAME CANOVA, MELISSA
STREET ADDRESS 9001 NW 25TH CT
CITY-ST-ZIP SUNRISE FL 33322

TITLE ☐ Delete
NAME SPADOLA, JANET
STREET ADDRESS 4731 NW 15TH ST
CITY-ST-ZIP COCONUT CREEK FL 33063

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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:

J. Spadola
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jenny Spadola 4/18/02 954-968-1113

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90028 014 ****61.25

850038



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)