

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000003247

FILED  
Jan 09, 2003  
Secretary of State

**Entity Name:** OVARIAN CANCER ALLIANCE OF FLORIDA-GULF COAST, INC.

**Current Principal Place of Business:**

5835 CLOUDSTONE COURT  
NAPLES, FL 341194606

**New Principal Place of Business:**

**Current Mailing Address:**

5835 CLOUDSTONE COURT  
NAPLES, FL 341194606

**New Mailing Address:**

**FEI Number:** 02-0593316

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BENIVEGNA, CAROLYN  
5835 CLOUDSTONE COURT  
NAPLES, FL 341194606

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BENIVEGNA, CAROLYN  
Address: 5835 CLOUDSTONE COURT  
City-St-Zip: NAPLES, FL 341194606

Title: VT ( ) Delete  
Name: KRAUSE, SUSAN  
Address: 210 SILVERADO  
City-St-Zip: NAPLES, FL 34119

Title: S ( ) Delete  
Name: MIFSUD, PATRICIA  
Address: 2035 IMPERIAL GOLF COURSE BLVD  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: KRAUSE, ANDREW J ESQ  
Address: 210 SILVERADO  
City-St-Zip: NAPLES, FL 34119

Title: D ( ) Delete  
Name: PFAENDER, JANE  
Address: 230 1ST STREET SW  
City-St-Zip: NAPLES, FL 34117

Title: D ( ) Delete  
Name: ORR, JANES  
Address: 2776 CLEVELAND AVE STE 717  
City-St-Zip: FT. MYERS, FL 33901

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN BENIVEGNA

P

01/09/2003

Electronic Signature of Signing Officer or Director

Date