

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90095 023 ****61.25

DOCUMENT # N02000008025

1. Entity Name
CANCER ALLIANCE OF NAPLES, INC.



Principal Place of Business

**3003 TAMiami TRAIL NORTH
COLLIER PLACE STE 300
NAPLES FL 34103**

Mailing Address

**3003 TAMiami TRAIL NORTH
COLLIER PLACE STE 300
NAPLES FL 34103**

2. Principal Place of Business

733 FOURTH AVENUE NORTH

3. Mailing Address

733 FOURTH AVENUE NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

22-3879709

Applied For

Not Applicable

Zip

34102

Country

COLLIER

Zip

34102

Country

COLLIER

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**FRANKLIN, RICHARD S
3003 TAMiami TRAIL NORTH
COLLIER PLACE STE 300
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **LESTER B. LAW**

Street Address (P.O. Box Number is Not Acceptable)
5501 RIDGEWOOD DRIVE

SUITE 501

City **NAPLES**

FL

Zip Code

34108

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

9/9/03

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CONTI, GERALD J**
STREET ADDRESS **3030 HORDESHOE DRIVE SOUTH**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **D** ☒ Delete
NAME **FRANKLIN, RICHARD S**
STREET ADDRESS **3003 TAMiami TRAIL NORTH #300**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **D** ☒ Delete
NAME **SPROWLS, SUZANNE**
STREET ADDRESS **1243 11TH STREET NORTH**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **D** ☐ Delete
NAME **THALHEIMER, ERIKKA A**
STREET ADDRESS **3200 TAMiami TRAIL NORTH**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **D** ☐ Delete
NAME **DAVID FENELON**
STREET ADDRESS **8838 TAMiami TRAIL NORTH, STE 302**
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **DAVID FENELON**
STREET ADDRESS **8838 TAMiami TRAIL NORTH, STE 302**
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **D** ☐ Change ☒ Addition
NAME **LESTER B. LAW**
STREET ADDRESS **5501 RIDGEWOOD DR # 501**
CITY-ST-ZIP **NAPLES FL 34108**

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

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

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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: **SECRETARY REQUIRED**

9/9/03

(239) 514-1000

CR2E037 (4/03)