

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 11, 2001 08:00 AM**
Secretary of State**DOCUMENT # N02631****1. Entity Name****H. LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, I NC.****Principal Place of Business**

12902 MAGNOLIA DR

TAMPA

336129497

US

FL

Mailing Address

C/O JOHN A KOLOSKEY EVP

12902 MAGNOLIA DRIVE

TAMPA

336129416

US

FL

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**59-2451713**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****DE LA PARTE L. DAVID**
101 E. KENNEDY BLVD., STE. 3400

TAMPA

33602

US

FL

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 _____ **04/11/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	JAMES W IVEY	4215 CULBREATH AVE	FL 33609	D	IVEY JAMES W	4215 CULBREATH AVE	FL 33609
<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
D	BETTY CASTOR	4202 E FOWLER AVE	FL 33620	D	ADAMS TIMOTHY J	ONE NORTH DALE MABRY	FL 33609
<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
D	SILBIGER, MARTIN, MD	12901 BRUCE B DOWNS MDC	FL	CD	MACK CONNIE HON.	2300 N STREET, NW	DC 20037
<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
CD	COUCH, THEODORE	1717 E FOWLER AVE	FL	D	COUCH THEODORE	1717 E FOWLER AVE	FL 33612
<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
SD	BUCHANAN, DONALD, D	610 W. BAY ST.	FL	SD	BUCHANAN DONALD D	610 W. BAY ST.	FL 33606
<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TD	MOFFITT, H. LEE	4230 S MACDILL AVE., STE. J	FL	TD	MOFFITT H. LEE HON.	4230 S MACDILL AVE., STE. J	FL 33611
<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: DONALD D. BUCHANAN**

SD

04/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Faxing Phone #

CR2E037 (11/00)

S. DAVID STAMPS, PH.D., DIRECTOR
4202 E. FOWLER AVENUE

TAMPA, FL 33620

WILLIAM SPELLACY, M.D., DIRECTOR
4 COLUMBIA DRIVE

TAMPA, FL 33606

JOHN SPANGLER, DIRECTOR
2310 S. HESPERIDES

TAMPA, FL 33629

RHEA F. LAW, ESQ., DIRECTOR
501 E. KENNEDY BLVD., SUITE 1700

TAMPA, FL 33602

RICHARD C. KARL, M.D., DIRECTOR
12901 BRUCE B. DOWNS BLVD.

TAMPA, FL 33612

BETH A. HOUGHTON, DIRECTOR
100 2ND AVENUE SOUTH, SUITE 605

ST. PETERSBURG, FL 33701

MONSIGNOR LAURENCE HIGGINS, DIRECTOR
5225 N. HIMES

TAMPA, FL 33614

HON. JAMES T. HARGRETT
12902 MAGNOLIA DRIVE

TAMPA, FL 33612

HON. JOHN GRANT
13301 BRUCE B. DOWNS BLVD.

TAMPA, FL 33612

JUDY L. GENSHAFT, PH.D., DIRECTOR
4202 E. FOWLER AVENUE, ADM241

TAMPA, FL 33620

ROBERT M. DAUGHERTY, MD, PHD, DIRECTOR
12901 BRUCE B. DOWNS BLVD

TAMPA, FL 33612

ROBERT A. CLARK, MD, DIRECTOR
12902 MAGNOLIA DRIVE

TAMPA, FL 33612

HON. CARL CARPENTER, DIRECTOR
4305 E. KNIGHTS GRIFFIN ROAD

PLANT CITY, FL 33565

RICHARD A. BEARD, DIRECTOR
100 NORTH TAMPA STREET, SUITE 3175

TAMPA, FL 33602