

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90059 019 \*\*\*\*61.25

**DOCUMENT # N50496**

1. Entity Name

**THE SONYA TRALINS MEMORIAL CANCER/LEUKEMIA FOUND**

Principal Place of Business

Mailing Address

3850 TAMPA ROAD  
 302  
 PALM HARBOR FL 34684  
 US

3850 TAMPA ROAD  
 302  
 PALM HARBOR FL 34684-3670  
 US

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

**65-0373596**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRALINS AND ASSOCIATES, P.A.**  
**ONE BISCAYNE TOWER SUITE 3310**  
**2 S BISCAYNE BLVD**  
**MIAMI FL 33131**

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

4-28-00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>TRALINS, ALAN H</b> <b>3850 TAMPA ROAD</b> <b>PALM HARBOR FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>TRALINS, MYLES J.</b> <b>2 S BISCAYNE BLVD #3310</b> <b>MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>GEISLER, ROBERT</b> <b>132 HARBORAGE CT</b> <b>CLEARWATER FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>SCHWEITZER, MARTIN</b> <b>1206 COURT ST.</b> <b>CLEARWATER FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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)(i), Florida Statutes. I further certify that the information indicated on this report or supplement thereto 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00 727 789 0200

Date

Daytime Phone #

CR2E037 (9/99)