

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90141 048 ****61.25

DOCUMENT # N50496

1. Entity Name

THE SONYA TRALINS MEMORIAL CANCER/LEUKEMIA FOUNDATION, INC.



Principal Place of Business

**3850 TAMPA ROAD
302
PALM HARBOR FL 34684
US**

Mailing Address

**3850 TAMPA ROAD
302
PALM HARBOR FL 34684
US**

2. Principal Place of Business

8787 Bryan Dairy Road

3. Mailing Address

8787 Bryan Dairy Road

Suite, Apt. #, etc.

Suite 120

Suite, Apt. #, etc.

Suite 120

City & State

Seminole Florida

City & State

Seminole Florida

Zip

33777

Country

USA

Zip

33777

Country

USA

4. FEI Number **65-0373596**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. 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

FILE NOW: FEE IS \$61.25

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 **PD** ☐ Delete
NAME **TRALINS, ALAN H**
STREET ADDRESS **3850 TAMPA ROAD**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE **VD** ☐ Delete
NAME **TRALINS, MYLES J**
STREET ADDRESS **2 S BISCAYNE BLVD #3310**
CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☐ Delete
NAME **GEISLER, ROBERT**
STREET ADDRESS **132 HARBORAGE CT**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **TD** ☐ Delete
NAME **SCHWEITZER, MARTIN**
STREET ADDRESS **1206 COURT ST.**
CITY-ST-ZIP **CLEARWATER FL**

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 **8787 Bryan Dairy Rd**
STREET ADDRESS **Suite 120**
CITY-ST-ZIP **Seminole, Florida 33777**

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

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

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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 reports 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

CR2E037 (10/02)