

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002029

1. Entity Name

DAY CANCER RESEARCH FOUNDATION, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90096 015 ****61.25

Principal Place of Business

Mailing Address

1935 F-1 S W SILVER PINE WAY
 PALM CITY FL 34990
 US

P.O. BOX 2184
 STUART FL 34995-2184

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 **65-0400315**

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

SOPKO, JAMES
~~2307 SE MONTEREY RD~~
~~STUART FL 34996~~

Name **JAMES SOPKO**
 Street Address (P.O. Box Number is Not Acceptable)
853 SE MONTEREY COMMONS BLVD.
 City **STUART** FL Zip Code **34996**

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

James Sopko

4/25/00

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 | VD | <input type="checkbox"/> Delete |
| NAME | DAY, KATHRYN M | |
| STREET ADDRESS | 1122 SE ST LAWRENCE WAY | |
| CITY-ST-ZIP | STUART FL 34997 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | DAY, THOMAS J | |
| STREET ADDRESS | 826 CRESTMERE COURT | |
| CITY-ST-ZIP | JEFFERSON CITY MO 65109 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | JAMES, SUZANNE D | |
| STREET ADDRESS | 8463 RICE LAKE ROAD | |
| CITY-ST-ZIP | MAPLE GROVE MN 55369-8654 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

4-12-2000

573-636-8939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)