

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90013 050 \*\*\*\*61.25

**DOCUMENT # N94000004895**

1. Entity Name

**DATTOLI CANCER FOUNDATION, INC.**

Principal Place of Business

7026 LITTLE RD  
 NEW PORT RICHEY FL 34654

Mailing Address

P O BOX 966  
 NEW PORT RICHEY FL 34656  
 US

2. Principal Place of Business

2803 FRUITVILLE RD

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

Zip

34237 SARASOTA

Country

4. FEI Number

65-0544103

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

KALTENBACH, DONALD F  
~~7026 LITTLE RD~~ 8845 CESSNA DR.  
~~NEW PORT RICHEY FL 34654~~ New Port Richey, FL  
 33654

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 X

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**  
**After September 12, 2001, min. will be \$236.25**

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

TITLE PD  
 NAME KALTENBACH, DONALD F ☐ Delete  
 STREET ADDRESS 8845 CESSNA DR  
 CITY-ST-ZIP NEW PORT RICHEY FL 33654

TITLE VTD  
 NAME DATTOLI, MICHAEL ☐ Delete  
 STREET ADDRESS ~~3301 BAYSHORE BLVD, STE. 1000~~  
 CITY-ST-ZIP TAMPA FL

TITLE SD ☒ Delete  
 NAME BAGINSKIE, SUZANNE A  
 STREET ADDRESS 9501 SUNSHINE BLVD  
 CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 520 BLUE HERON DR  
 CITY-ST-ZIP ANNA MARIA ISLAND, FL 34216

TITLE ☒ Change ☐ Addition  
 NAME SARACE, RICHARD S.  
 STREET ADDRESS 1205 KINGSWAY DR.  
 CITY-ST-ZIP NoKomis, FL 34242

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

TITLE ☐ Change ☐ Addition  
 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: X SIGNATURE REQUIRED

7/25/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

0015028

CR2E037 (5/01)