

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 27, 2002 8:00 am  
Secretary of State

01-27-2002 90045 026 \*\*\*\*61.25

DOCUMENT # N94000004895

1. Entity Name

DATTOLI CANCER FOUNDATION, INC.

Principal Place of Business

2803 FRUITVILLE RD  
SARASOTA FL 34237

Mailing Address

2803 FRUITVILLE RD  
SARASOTA FL 34237  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0544103

Applied For

Not Applicable

Zip

Country

Zip

Country

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  
~~8845 CESSNA DR~~  
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

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS 3134 CHARLES MAC DONALD DRIVE  
CITY-ST-ZIP SARASOTA, FL 34240

☒ Change ☐ Addition

TITLE VTD  
NAME DATTOLI, MICHAEL  
STREET ADDRESS 520 BLUE HERON DR  
CITY-ST-ZIP ANNA MARIA ISLAND FL 34216

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD  
NAME ~~SARAGE, RICHARD S~~  
STREET ADDRESS 1205 KINGSWAY DR  
CITY-ST-ZIP NOKOMIS FL 34242

☐ Delete

TITLE  
NAME SORACE,  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE D  
NAME BITTERMAN, STEWART  
STREET ADDRESS 510 HARBOR GATE WAY  
CITY-ST-ZIP LONG BOAT KEY, FL 34228

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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 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:

~~CONFIDENTIAL REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)