

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90411 043 ****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

Zip

Country

Zip

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

~~8845 CESSNA DR~~

~~NEW PORT RICHEY FL 33654~~

Name

Street Address (P.O. Box Number is Not Acceptable)

2803 FRUITVILLE RD

City

SARASOTA

FL

Zip Code

34237

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
PD	KALTENBACH, DONALD F	3134 CHARLES MACDONALD DRIVE	SARASOTA FL 34240	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VTD	DATTOLI, MICHAEL	520 BLUE HERON DR	ANNA MARIA ISLAND FL 34216	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	SORACE, RICHARD S	1205 KINGSWAY DR	NOKOMIS FL 34242	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	BITTERMAN, STEWART	510 HARBOR GATE WAY	LONGBOAT KEY FL 34228	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03 971-780-9545

CR2E037 (10/02)