

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90012 034 \*\*\*\*61.25

**DOCUMENT # N95000005545**

1. Entity Name

**NATIONAL OVARIAN CANCER COALITION, INC.**

Principal Place of Business

**500 NE SPANISH RIVER BLVD., STE 14  
BOCA RATON FL 33431**

Mailing Address

**500 NE SPANISH RIVER BLVD., STE 14  
BOCA RATON FL 33431**

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

**65-0628064**

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

**GARELLEK, STEVEN ESQ.  
7000 WEST PALMETTO PARK RD.  
SUITE 400  
BOCA RATON FL 33433**

## 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.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V FULLER, RAANA B 1515 HOLCOMBE BLVD, BOX 67 HOUSTON TX 77030</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ADAMS, J R 217 LONGSHORE DRIVE JUPITER FL 33458</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GERSTEIN, WILLIAM 1300 NORTH FEDERAL HWY #203 BOCA RATON FL 33432</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GARELLEK, STEVEN 7000 WEST PALMETTO RD #400 BOCA RATON FL 33432</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT Adams, J.R. 621 ANDERSON BLVD. GENEVA, IL 60134</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHAIRMAN MICHAEL W. METHOD, MD 707 E CEDAR STREET, SUITE 200 SOUTH BEND, IN 46617</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP JANE LANGRIDGE 121 ELSIE STREET SAN FRANCISCO, CA 94110</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EXECUTIVE DIRECTOR MAXINE STEIN 500 NE SPANISH RIVER BLVD, #14 BOCA RATON, FL 33431</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP-FINANCE LORI HAYWARD 500 NE SPANISH RIVER BLVD, #14 BOCA RATON, FL 33431</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR ERIC DEZENHALL 1130 CONNECTICUT AVE, NW, #600 WASHINGTON, D.C. 20036</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

*Lori Hayward*

**LORI HAYWARD**

2/26/01

561393-0005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

Attachment #  
U95000005545

Title:	Director	Address
Name:	Beth Leahy	
Street Address:	210 Carnegie Center	
City-ST-Zip	Princeton, NJ 08542	