

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90101 003 \*\*\*\*61.25

**DOCUMENT # N95000005545**

1. Entity Name

**NATIONAL OVARIAN CANCER COALITION, INC.**

Principal Place of Business

Mailing Address

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

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **GARELLEK, STEVEN ESQ.**

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

**7000 SO. FEDERAL HWY**

**SUITE 200**

City **BOCA RATON**

**FL**

Zip Code **33432**

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 NAME ☐ Delete  
**P.**  
**ADAMS, J R**  
 STREET ADDRESS **621 ANDERSON BLVD**  
 CITY-ST-ZIP **GENEVA IL 60134**

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

TITLE NAME ☐ Delete  
**CH**  
**METHOD, MICHAEL W MD**  
 STREET ADDRESS **707 E CEDAR ST #200**  
 CITY-ST-ZIP **SOUTH BEND IN 46617**

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

TITLE NAME ☐ Delete  
**D**  
**GERSTEIN, WILLIAM**  
 STREET ADDRESS **1300 NORTH FEDERAL HWY #203**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE NAME ☐ Delete  
**D**  
**GARELLEK, STEVEN**  
 STREET ADDRESS **7000 WEST PALMETTO RD #400**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE NAME ☒ Delete  
**D**  
**DEZENHALL, ERIC**  
 STREET ADDRESS **1130 CONNECTICUT AVE NW #600**  
 CITY-ST-ZIP **WASHINGTON DC 20036**

TITLE NAME ☐ Change ☒ Addition  
**D**  
**DAVID GABER**  
 STREET ADDRESS **222 EAST THIRD STREET**  
 CITY-ST-ZIP **HINSDALE, IL 60521**

TITLE NAME ☐ Delete  
**ED**  
**STEIN, MAXINE**  
 STREET ADDRESS **500 NE SPANISH RIVER BLVD #14**  
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE NAME ☐ Change ☐ Addition  
 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/28/02**

**SW-393-0005**

Date

Daytime Phone #

CR2E037 (9/01)