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

DOCUMENT # **N95000005545**

1. Entity Name

NATIONAL OVARIAN CANCER COALITION, INC.



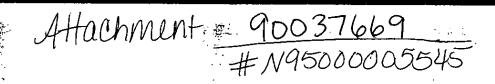
FILED Feb 27, 2003 8:00 am Secretary of State 02-27-2003 90123 032 ****61.25

500 NE SPANISH RIVER BLVD STE 14 50		Mailing Address 500 NE SPANISH RIVER BLVD STE 14 BOCA RATON FL 33431		:		t			
2. Principal I	Place of Business	3. Mailing Address		-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Sta	ite	City & State		4. FE	Number 65-	0628064		pplied For	
Zip	Country	Zìp	Country		ertificate of State		\$8.75 4	lot Applicable	
		<u> </u>	1				Fee Requir	ed	
· -	6. Name and Address of Current I	Registered Agent	- Name		me and Addre	ss of New Regist	ered Agent		
GARELLEK, STEVEN ESQ. 700 S. FEDERAL HWY				Street Address (P.O. Box Number is Not Acceptable)					
STE 200 BOCA RATON FL 33432			City	City FL Zip Code					
8 The above	e named entity submits this statement for	the purpose of changing its	ragistared office o	r registered each	at or both in the	Ctate of Elevida	1	and against	
the obliga	e hamed entity submits this statement for tilons of registered agent.	the purpose of changing its r	registerea office o	r registered ager	it, or both, in the	e State of Florida.	i am tamiliar with	, and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	: Registered Agent signal	ture required when reins	stating)		DATE		
FILE NOW: FEE 18 \$61.25 9. Election Campaig Trust Fund Contrib				May Be to Fees		Check Payable epartment of			
10.	OFFICERS AND DIR		11.		NS/CHANGES	TO OFFICERS A	ND DIRECTORS II	V 10	
TITLE	P ADAMS, J R	☑ Delete	TITLE	MARIA	0 1 E C 1 A		Change Change	☐ Addition	
NAME STREET ADDRESS	621 ANDERSON BLVD		NAME STREET ADDRESS	DVO & V	i M. Al	DIN AU	T E.		
CITY-ST-ZIP	GENEVA IL 60134		CITY-ST-ZIP		O IL		•		
TITLE	CH	Delete	TITLE VIP	JANE U	LANGRI	DAE	(Z) Change	☐ Addition	
NAME	METHOD, MICHAEL W MD		NAME			•	122) Chango		
STREET ADDRESS	707 E CEDAR ST #200		STREET ADDRESS		STE ST			Ì	
CITY-ST-ZIP	SOUTH BEND IN 46617		CITY-ST-ZIP	SAN FRI	<i>mcIsc</i>	, CA a	.પાઠ		
TITLE	D STOCKER STOCKER	Delete	TITLE -	· · · · · · · · · · · · · · · · · · ·		•	Change	☐ Addition	
NAME STREET ADDRESS	GERSTEIN, WILLIAM	20	NAME CYPSET ADDRESS						
CITY-ST-ZIP	1300 NORTH FEDERAL HWY #20 BOCA RATON FL 33432	J3	STREET ADDRESS CITY-ST-ZIP						
TITLE	D	☐ Delete	TITLE		-		☐ Change	☐ Addition	
NAME	GARELLEK, STEVEN	□ Deiele	NAME				Change	Addition	
STREET ADDRESS	7000 WEST PALMETTO RD #400	1	STREET ADDRESS					ì	
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP						
TITLE	D	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	DAVID, GABER		NAME						
CIDECT ADDOCCC			■ OTOUCT LONGEROO					,	
STREET ADDRESS	222 EAST THIRD STREET		STREET ADDRESS					ľ	
CITY-ST-ZIP	HINSDALE IL 60521	П	CITY-ST-ZIP						
CITY-ST-ZIP TITLE	HINSDALE IL 60521 ED	☐ Delete	CITY-ST-ZIP TITLE				☐ Change	Addition	
CITY-ST-ZIP	HINSDALE IL 60521 ED STEIN, MAXINE		CITY-ST-ZIP				☐ Change	Addition	
CITY-ST-ZIP TITLE NAME	HINSDALE IL 60521 ED		CITY-ST-ZIP TITLE NAME				☐ 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:

V.P. Finance 2/19/03/56/1393-0005



NOCC **BOARD OF DIRECTORS 2003**

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