

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000768

1. Entity Name

FLORIDA BREAST CANCER COALITION, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90129 011 \*\*\*\*61.25

Principal Place of Business

Mailing Address

600 GRAPETREE DRIVE  
SUITE 10BS  
KEY BISCAVNE FL 33149

600 GRAPETREE DRIVE  
SUITE 10BS  
KEY BISCAVNE FL 33149-2610

80004640

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**GELBER & COMPANY**  
**285 N.W. 199th STREET, #204**  
**MIAMI, FL 33169**

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0647157

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

TORRES, JANE A  
600 GRAPETREE DRIVE  
SUITE 10BS  
KEY BISCAVNE FL 33149

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
TORRES JANE S  
600 GRAPETREE DRIVE #10BS  
KEY BISCAVNE FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
LAWRENCE, JILL  
5901 MAYNADA STREET  
CORAL GABLES FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP PUBLIC RELATIONS  
CAROL FRIED  
4215 ALTON ROAD  
MIAMI BEACH, FL 33140 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
BRIGGS, JUDITH  
9800 SOUTHWEST 189TH STREET  
MIAMI FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP MEMBERSHIP  
GAYLE JACOBS  
13594 SW 58TH AVENUE  
MIAMI, FL 33156 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
GELBER, BARBARA  
12705 SOUTHWEST 105TH AVENUE  
MIAMI FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
NUGENT, LAURA  
10635 NORTHWEST 54TH STREET  
MIAMI FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIRECTOR  
TERESA MENENDEZ  
ONE GROVE ISLE DRIVE APT 1003  
MIAMI, FL 33133 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BYRNE, CATRINA  
4306 ALTON ROAD  
MIAMI BEACH FL ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)