

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

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90128 035 \*\*\*\*61.25

**DOCUMENT # N96000000768**

1. Entity Name

**FLORIDA BREAST CANCER COALITION, INC.**



Principal Place of Business

**600 GRAPETREE DRIVE  
SUITE 10BS  
KEY BISCAYNE FL 33149**

Mailing Address

**GELBER AND COMPANY  
11450 INTERCHANGE CIRCLE NORTH  
MIRAMAR FL 33025  
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 **65-0647157**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. 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

TITLE **DP** ☒ Delete  
NAME **TORRES JANE S**  
STREET ADDRESS **600 GRAPETREE DRIVE #10BS**  
CITY-ST-ZIP **KEY BISCAYNE FL**

TITLE **D** ☒ Delete  
NAME **FRIED, CAROL**  
STREET ADDRESS **21025 NE 38 AVENUE**  
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **VM** ☒ Delete  
NAME **JACOBS, GAYLE**  
STREET ADDRESS **13594 SW 58TH AVE**  
CITY-ST-ZIP **MIAMI FL 33156**

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

TITLE **D** ☒ Delete  
NAME **BYRNE, CATRINA**  
STREET ADDRESS **1928 SUNSET HARBOR DRIVE**  
CITY-ST-ZIP **MIAMI FL 33139**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition  
NAME **Barbara Hartstein, chair**  
STREET ADDRESS **1415 Mercado**  
CITY-ST-ZIP **coral Gables, FL 33146**

TITLE **D** ☒ Change ☐ Addition  
NAME **Jill Lawrence, Treasurer**  
STREET ADDRESS **5901 Maynada St.**  
CITY-ST-ZIP **coral Gables, FL 33146**

TITLE **D** ☒ Change ☐ Addition  
NAME **Sheila Freeman, Secretary**  
STREET ADDRESS **6805 S.W. 132 St.**  
CITY-ST-ZIP **Miami, FL 33154**

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

**Nancy Fishman**  
**Executive Director**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/03

Date

Daytime Phone #

**786-242-4343**

CR2E037 (10/02)