

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90161 009 ****61.25

DOCUMENT # N96000001513

1. Entity Name

RICHARD DAVID KANN MELANOMA TASK FORCE, INC.

Principal Place of Business

Mailing Address

C/O STEVEN L SCHWARZBERG
 777 S. FLAGLER DRIVE, SUITE 310 E
 WEST PALM BEACH FL 33401

C/O STEVEN L SCHWARZBERG
 777 S. FLAGLER DRIVE, SUITE 310 E
 WEST PALM BEACH FL 33401-6161



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2200 N. Florida Mango

3. Mailing Address

2200 N. Florida Mango

Suite, Apt. #, etc.

Suite 301

Suite, Apt. #, etc.

Suite 301

City & State

W. Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

65-0633295

Applied For

Not Applicable

Zip

33409

Country

USA

Zip

33409

Country

USA

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

**SCHWARZBERG, STEVEN
 C/O GREENBERG TRAUERIG
 777 S. FLAGLER DRIVE, SUITE 310 E
 WEST PALM BEACH FL 33401**

Name

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

Suite 300E

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	PD	<input type="checkbox"/> Delete
NAME	SCHWARZBERG, DEBORAH	
STREET ADDRESS	777 S. FLAGLER DRIVE, SUITE 300E	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWARZBERG, STEVEN L	
STREET ADDRESS	777 S. FLAGLER DRIVE, SUITE 310 E	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSENBERG, STEVEN P	
STREET ADDRESS	470 COLUMBIA DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	D/T	<input type="checkbox"/> Delete
NAME	KANN, RACHEL	
STREET ADDRESS	C/O 777 S. FLAGLER ST., #300E	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D/VP	<input type="checkbox"/> Delete
NAME	KATZEN, LAWRENCE	
STREET ADDRESS	944 SOUTH EAST ATLANTIC DRIVE	
CITY-ST-ZIP	HYPOUXO ISLAND FL 33462	
TITLE	D	<input type="checkbox"/> Delete
NAME	KATZEN, JANE	
STREET ADDRESS	C/O 777 S. FLAGLER ST., #300E	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

TITLE	D/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joanne Leibovit	
STREET ADDRESS	c/o 777 S. Flagler Dr., #300E	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbra Kaplan	
STREET ADDRESS	c/o 777 S. Flagler Dr. #300E	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Kinney, M.D.	
STREET ADDRESS	c/o 2200 N. Florida Mango, #301	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chandra Bill	
STREET ADDRESS	c/o 2200 N. Florida Mango, #301	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stanley Winokur	
STREET ADDRESS	c/o 2200 N. Florida Mango, #301	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce Moskowitz	
STREET ADDRESS	c/o 2200 N. Florida Mango, #301	
CITY-ST-ZIP	West Palm Beach, FL 33409	

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: *Steven L. Schwarzberg*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/31/00**
 Daytime Phone #: **561 6507900**

CR2E037 (9/99)

N96000001513

936642

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

D

Dana Charles
c/o 2200 N. Florida Mango, #301
West Palm Beach, FL 33409

D/VP

Michael Neider
c/o 2200 N. Florida Mango, #301
West Palm Beach, FL 33409

D

Malcolm Cunningham
c/o 2200 N. Florida Mango, #301
West Palm Beach, FL 33409

D

Brian Guralnick
c/o 2200 N. Florida Mango, #301
West Palm Beach, FL 33409

D

Ruth Lewis
c/o 2200 N. Florida Mango, #301
West Palm Beach, FL 33409

D

Janice Neider
c/o 2200 N. Florida Mango, #301
West Palm Beach, FL 33409