

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005217

1. Entity Name

STEFANIE ROTH MEMORIAL CANCER FOUNDATION, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90024 036 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 12052
NAPLES FL 34101-2052

P.O. BOX 12052
NAPLES FL 34101-2052

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3411675

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROTH, JOEL
4796 KITTIWAKE COURT
NAPLES FL 34119

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	VPD	<input type="checkbox"/> Delete
NAME	ROTH, HARRIET	
STREET ADDRESS	4796 KITTIWAKE CT	
CITY-ST-ZIP	NAPLES FL 34419	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HANSEN, RANDY	
STREET ADDRESS	149 WILLOWICK DR	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROTH, JOEL	
STREET ADDRESS	4796 KITTIWAKE CT	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)