

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000085

1. Entity Name

FLORIDA BREAST CANCER RESOURCE NETWORK CORPORATI

Principal Place of Business

1236 S MILITARY TRAIL  
DEERFIELD BEACH FL 33442

Mailing Address

1236 S MILITARY TRAIL  
DEERFIELD BEACH FL 33442-7631

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

65-0725153

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

BLANK, SANDRA  
1236 S MILITARY TRAIL  
DEERFIELD BEACH FL 33442

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 PS  
NAME BLANK, SANDRA ☐ Delete  
STREET ADDRESS 1236 S MILITARY TRAIL  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE Director ☐ Change ☒ Addition  
NAME Lynn Phillips  
STREET ADDRESS 2700 N.W. 26th Avenue  
CITY-ST-ZIP Boca Raton, FL 33434

TITLE V ☒ Delete  
NAME SABERS, DEE  
STREET ADDRESS 3710 LAKEMONT CT  
CITY-ST-ZIP LAKE PARK FL 33403

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

TITLE D ☐ Delete  
NAME BILLIAN, MIKI  
STREET ADDRESS 1366 SW 4TH CT  
CITY-ST-ZIP BOCA RATON FL 33432

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

TITLE D ☒ Delete  
NAME MILETT, CAROL A  
STREET ADDRESS 20281 E COUNTRY CLUB DR, APT 1501  
CITY-ST-ZIP AVENTURA FL 33180

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

TITLE D ☐ Delete  
NAME CIELY, KAREN  
STREET ADDRESS 2211 NE 67TH ST #1124  
CITY-ST-ZIP FT LAUDERDALE FL 33308

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

TITLE D ☐ Delete  
NAME LEYS, GWEN  
STREET ADDRESS 620 SE 5TH TERRACE  
CITY-ST-ZIP POMPANO BEACH FL 33060

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 08, 2000 8:00 am  
Secretary of State

03-08-2000 90026 050 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)