

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91316 026 \*\*\*\*61.25

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	<b>PS</b>			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>BLANK, SANDRA</b>	<b>1236 S MILITARY TRAIL</b>	<b>DEERFIELD BEACH FL 33442</b>							
	<b>D</b>			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>PHILLIPS, LYNN</b>	<b>2700 N.W. 26TH AVENUE</b>	<b>BOCA RATON FL 33434</b>							
	<b>D</b>			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>BILLIAN, MIKI</b>	<b>1366 SW 4TH CT</b>	<b>BOCA RATON FL 33432</b>							
	<b>D</b>			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>CIELY, KAREN</b>	<b>2211 NE 67TH ST #1124</b>	<b>FT LAUDERDALE FL 33308</b>							
	<b>D</b>			<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>KEYS, GWEN</b>	<b>622 SE 5TH TERRACE</b>	<b>POINCIANA BEACH FL 33080</b>							
				<input type="checkbox"/>					<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: *Sandra Blank***Sandra Blank**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)