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changed, or on an attachment with an address, with all other like empowered.

Sep 10, 2001 8:00 am Secretary of State DOCUMENT # N9/UUUUU1U24 09-10-2001 90055 041 ****61.25 PEGGY KOTICK CANCER FOUNDATION, INC. Principal Place of Business Mailing Address 4201 N OCEAN BLVD 4201 N OCEAN BLVD C-604 C-604 **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address DOPAS HIGOEN LAKE PLACE 10923 HOOEN LAKE DO NOT WRITE IN THIS SPACE City & State BOCA KATON City & State BOCA RATON, VI Applied For Not Applicable 4. FEI Number 65-0793141 Country U.S. A 33498 ^{Zip} 498 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOTICK, ARNOLD Street Address (P.O. Box Number is Not Acceptable) 10923 HIJOSU LAKE PLACE 4201ACOCBANTBLVD APPEG604 BOCA RATION, FL 33498 BOCA RATON FL 33482 City 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. 9-04-0 SIGNATURE nd title if applicable (NOTE: Registered Agent signature required when reinstation) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Added to Fees Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE ☐ Delete TITLE ☐ Addition SMITH, AMY K NAME NAME STREET ADDRESS 11128 HILLWOOD DR. STREET ADDRESS E037 CITY-ST-ZIP **HUNTSVILLE AL 35803** CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change KOTICK, ARTHUR NAME NAME STREET ADDRESS **766 NANTUCKET CIRCLE** STREET ADDRESS CITY-ST-ZIP ~ LAKE WORTH FL-33467 -CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition KOTICK, ARNOLD NAME NAME AZDA DI DOBAN BEVD #C-884 | OG23 HIVDEN LAKE STREET ADDRESS STREET ADDRESS BOCA RATION FL 33498 CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-7IP 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 reperter 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