2000 UNIFORM BUSINESS REPORT (UBR)					FILED		
DOCUMENT # N9700004539 1. Entity Name					Jan 12, 2000 8:00 am Secretary of State		
FLORIDA CANCER SOCIETY, INC.					01-12-2000 90004	4 048 ****61.25	
Principal Place of Business		Mailing Address					
5201 SEMINOLE BLVD #6 ST. PETERSBURG FL 33708		P.O. BOX 8028 ST. PETERSBURG FL 33738-8028 US			C0000103		
US				<u>.</u>	1 1881/191 (10 1881/1911) 1911/1 (1911/1911)	. 40 00, 10 00, 10 00, 1004, 100 6 (10), 1 00	
5201	Seminole Blod.	Po. Box 8025					
Suite, Apt.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
ST. Petersburg, F133708		STITETENS bung F1.			4. FEI Number 59-3460485	Applied For Not Applicab	
3376	8 PINELLAS	33738-8 628	PINELLI	2.4		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
COLLIER, CLYDE E			Street A	Street Address (P.O. Box Number is Not Acceptable)			
10005 BAY PINES BLVD. #217				Ba de Jewinste Siva			
ST. PETERSBURG FL 33708			City	City SEMINOLE		FL 33772	
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 L'USE L'. Wallie							
Signature, type-for 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 • \$\frac{1}{3}\$ Trust Fund Contribution.		\$5.0 Added	\$5.00 May Be Make Check Payable to Department of State		
10.	OFFICERS AND DIRE		11.		ADDITIONS/CHANGES TO OFFICERS		
NAME STREET ADDRESS	DPT COLLIER, CLYDE E 10005 BAY PINES BLVD. #217	□ Delete	TITLE NAME STREET ADDRESS			☐ Change ☐ Change	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	☐ Delete	CITY-ST-ZIP TITLE			Change	
NAME STREET ADDRESS	STEPHENS, TRACY C HCR #4, BOX 122 A		NAME STREET ADDRESS CITY-ST-ZIP				
CITY-ST-ZIP TITLE	BRIGHTWOOD VA 22715 DS	Delete	TITLE			Change Change	
NAME STREET ADDRESS	FRIEND, JANICE 3100 38TH AVENUE NORTH		, NAME STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33710	Delete	CITY-ST-ZIP			Change C:	
NAME	WHITE, BILL	E Delite	NAME STREET ADDRESS	ļ			
STREET ADDRESS CITY-ST-ZIP	3501 GRANADA TAMPA FL 33629		CITY_ST_7ID				
TITLE NAME	D MCCLENAHAN, EDWARD S	☐ Delete	TITLE NAME	Mes	LEVAHAN BOURAT	458 Change C	
STREET ADDRESS CITY-ST-ZIP	3800 62ND AVENUE NORTH PINELLAS PARK FL 33786		STREET ADDRESS CITY-ST-ZIP	51.	Peters burg, Fl.	33714	
TITLE	D	Delete	TITLE	9	RETIREd.	Change	
NAME STREET ADDRESS	SANTIAGO, WILLIAM P.O. BOX 242		NAME STREET ADDRESS				
CITY-ST-ZIP	PINELLAS PARK FL 33781		CITY-ST-ZIP	<u> </u>			

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 hame appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

1-4-2000 (727)3986613