

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90310 034 ***61.25

DOCUMENT #N97000006809			
1. Entity Name American Cancer Research Fund, Inc.			
Principal Place of Business 8640 Seminole Blvd. Seminole FL 33772		Mailing Address 13 Tarpon Drive Tarpon Springs FL 34689	
2. Principal Place of Business 110 Madewood Dr.		3. Mailing Address 110 Madewood Dr.	
City & State Mandeville LA		City & State Mandeville LA	
Zip 70471		Country USA	
4. FEI Number 59-3490790		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Hofstra, Peter T. 8640 Seminole Blvd. Seminole FL 33772			
7. Name and Address of New Registered Agent 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			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Bennett, Bill 540 Carillon Parkway #3047	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Hofstra, Peter T. 8640 Seminole Blvd. Seminole FL 33772	☒ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Walton, David Route 2, Box 107 Hot Springs VA 24445	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Sparks, John A. 13 Tarpon Drive Tarpon Springs FL 34689	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IN 10.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Sparks, John A. 110 Madewood Dr. Mandeville, LA 70471	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
12. I hereby certify that the information indicated on this report or supplement of this corporation or the report changed, or on an attachment, 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; and that my name appears in Block 10 or Block 11 of this report.			
SIGNATURE: John Sparks 4/17/00 584-727-3669			