## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Aug 01, 2001 8:00 am Secretary of State DOCUMENT # N9800003947 1. Entity Name 08-01-2001 90010 009 \*\*\*\*61.25 BREAST CANCER SURVIVOR NETWORK CORPORATION Principal Place of Business Mailing Address 221 SE 34TH AVE 221 SE 34TH AVE **BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0846311 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PARSONS, MINDY 221 S5 34TH AVE **BOYNTON BEACH FL 33435** City Zip Code FL 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 Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Cathain Kirvin (T/D) TITLE Delete Addition ec. Director TITI F PARSONS, MIND as desides NAME NAME 1309 N. Plagler Dr. STREET ADDRESS STREET ADDRESS 221 SE 34TH AVENUE West Palm Beach, FL 33409 CITY-ST-ZIP **BOYNTON BEACH FL 33435** CITY-ST-7IP TITLE TITLE ☐ Addition ☐ Delete MILZAREK, JOSEPHINE NAME NAME 13461 NORTHUMBERLAND CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WELLINGTON FL 33414 CITY-ST-ZIP V/D Delete ☐ Change Addition EASLEY, KATHY NAME STREET ADDRESS 2141 ASCOTT ROAD STREET ADDRESS CITY-ST-ZIP JUNO ISLES FL 33408 CITY-ST-ZIP -T/D— P/esident Sherin-Liebman, patricia ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS 3126 EMBASSY DRIVE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-7IP

7.16.01 561-671-7055

FILED