

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006945

1. Entity Name

THE FLORIDA CANCER EDUCATION NETWORK, INC.

**FILED**  
**Aug 01, 2000 8:00 am**  
**Secretary of State**

08-01-2000 90114 048 \*\*\*\*61.25

Principal Place of Business

6105-M MEMORIAL HWY  
8509 WOODWICK COURT  
TAMPA FL 33615

Mailing Address

6105-M MEMORIAL HWY  
8509 WOODWICK COURT  
TAMPA FL 33615

2. Principal Place of Business

6105-M MEMORIAL HWY

3. Mailing Address

6105-M MEMORIAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3545266

Applied For

Not Applicable

Zip

33615

Country

USA

Zip

33615

Country

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

SAMUELS, ROBERT J

8509 WOODWICK COURT  
TAMPA FL 33615

Name

SAMUELS, ROBERT J

Street Address (P.O. Box Number is Not Acceptable)

6105-M MEMORIAL HWY

City

TAMPA

FL

Zip Code

33615

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

After September 13, 2000 min. will be \$236.25

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 CD ☐ Delete  
NAME SAMUELS, ROBERT J  
STREET ADDRESS 8509 WOODWICK COURT  
CITY-ST-ZIP TAMPA FL 33615

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MCINTIRE, LARRY  
STREET ADDRESS 2101-STARKEY RD N-2  
CITY-ST-ZIP LARGO FL 33771

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME KLEIN, MALCOLM  
STREET ADDRESS 94 BALTIC CIR  
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME JACQMIN, MICHAEL R  
STREET ADDRESS 1422 HOLLINGS HOLLOW CT  
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME KARP, JERRY  
STREET ADDRESS PO BOX 272030  
CITY-ST-ZIP TAMPA FL 33688

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BROWN, RICHARD DR.  
STREET ADDRESS 1214 PARK CIR  
CITY-ST-ZIP TAMPA FL 33604

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)