

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90322 012 \*\*\*\*61.25

**DOCUMENT # N98000006945**

1. Entity Name

**THE FLORIDA CANCER EDUCATION NETWORK, INC.**



Principal Place of Business

Mailing Address

**6105 N MEOMRIAL HWY  
 TAMPA FL 33615**

**6105 N MEOMRIAL HWY  
 TAMPA FL 33615**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3545266**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

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

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

**FILE NOW: FEE IS \$61.25**

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	<input type="checkbox"/> Delete
NAME	SAMUELS, ROBERT J	
STREET ADDRESS	8509 WOODWICK COURT	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	BARAT, SHELDON	
STREET ADDRESS	4100 WEST KENNEDY BLVD #328	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CROWN, KAREN	
STREET ADDRESS	2 SEASIDE LANE #104	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUDWIN, RAYMOND	
STREET ADDRESS	4296 HUNTERS PASS	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	D	<input type="checkbox"/> Delete
NAME	KARP, JERRY	
STREET ADDRESS	PO BOX 272030	
CITY-ST-ZIP	TAMPA FL 33688	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, RICHARD DR.	
STREET ADDRESS	1214 PARK CIR	
CITY-ST-ZIP	TAMPA FL 33604	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ARTHUR FISHER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTHUR FISHER	
STREET ADDRESS	5553 W. Waters Ave # 316	
CITY-ST-ZIP	TAMPA, FL 33634	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL ANDERSON	
STREET ADDRESS	7148 ESTERO BLVD. #320	
CITY-ST-ZIP	FT. MEYERS, FL 33931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN NEWMAN	
STREET ADDRESS	9532 SA TURTLE DR	
CITY-ST-ZIP	Plantation, FL 33324	

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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)