

2000 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED

Jun 29, 2000 8:00 am
Secretary of State

05-23-2000 90171 001 ***122.50

DOCUMENT # N99000001797

1. Entity Name

CHRISTIAN LEWIS CHILDREN'S CANCER CARE INC.

R

Principal Place of Business

C/O BARRY G. CRAIG, STEEL HECTOR & DAVIS
200 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

Mailing Address

C/O BARRY G. CRAIG, STEEL HECTOR & DAVIS
200 SOUTH BISCAYNE BLVD.
MIAMI FL 33131-2310

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

65-0909569

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

CRAIG, BARRY G
200 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

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

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, JAMES	
STREET ADDRESS	2 LLYS ANEURIN GARDEN VILLAGE GORSEINON	
CITY-ST-ZIP	WALES, UNITED KINGDOM	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOSS, PETER II	
STREET ADDRESS	THE HOLLOW LINDIFELD, HAYWARDS HEALTH	
CITY-ST-ZIP	ENGLAND, UNITED KINGDOM	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIGUR, SANDRA	
STREET ADDRESS	2608 HERON LANDING COURT	
CITY-ST-ZIP	ORLANDO FL 32837-5331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUNT, PAUL	
STREET ADDRESS	1, CORNFORD CLOSE, OSBASTON	
CITY-ST-ZIP	NONHOUTH, UNITED KINGDOM	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, PETER	
STREET ADDRESS	11 THE HOLLOW, LINDIFELD, HAYWARDS HEALTH	
CITY-ST-ZIP	UNITED KINGDOM	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, DAVID	
STREET ADDRESS	1, FALFIELD CLOSE, LISVANE	
CITY-ST-ZIP	CARDIFF UNITED KINGDOM	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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 REQUIRED PETER MOSS

8 MAY 2000 01444 256 048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)