

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001797

1. Entity Name

CHRISTIAN LEWIS CHILDREN'S CANCER CARE INC.

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

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 D ☒ Delete
NAME LEWIS, JAMES
STREET ADDRESS 2 LLYS ANEURIN GARDEN VILLAGE GORSEINON
CITY-ST-ZIP WALES, UNITED KINGDOM

TITLE D ☐ Change ☒ Addition
NAME WINT, PAUL
STREET ADDRESS 1, CORNFORD CLOSE, OSBASTON
CITY-ST-ZIP NONFORTH, UNITED KINGDOM

TITLE D ☐ Delete
NAME MOSS, PETER II
STREET ADDRESS THE HOLLOW LINDIFELD, HAYWARDS HEALTH
CITY-ST-ZIP ENGLAND, UNITED KINGDOM

TITLE D ☒ Change ☐ Addition
NAME MOSS, PETER
STREET ADDRESS 11, THE HOLLOW, LINDIFELD, HAYWARDS HEALTH
CITY-ST-ZIP UNITED KINGDOM

TITLE D ☒ Delete
NAME SIGUR, SANDRA
STREET ADDRESS 2608 HERON LANDING COURT
CITY-ST-ZIP ORLANDO FL 32837-5331

TITLE D ☐ Change ☒ Addition
NAME THOMAS, DAVID
STREET ADDRESS 1, FALFIELD CLOSE, LUNAWL
CITY-ST-ZIP CARDIFF, UNITED KINGDOM

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90284 019 ****61.25

724332



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)