

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State

04-28-2003 91337 028 ****61.25

0007463

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**

33033710



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0909569**

Applied For

Not Applicable

Zip

Country

Zip

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

**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. I am familiar with, and accept the obligations of registered agent.

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 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, PAUL 1 CORNFORD CLOSE, OSBASTON MONTHOUTH, UNITED KINGDOM	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSS, PETER 11, THE HOLLOW CINFIELD, HAYWARTH UNITED KINGDOM	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, DAVID TYWRTH-Y-CORA, GLANRHYD FARM BRIAGIWA, UNITED KINGDOM	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TYWRTH-Y-CORA, GLANRHYD FARM, PENYFAR, BRIDGEM, UNITED KINGDOM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

26-08-03

CR2E037 (4/03)

Attachment 55055776
1199000011991



Christian Lewis
CHILDREN'S CANCER CARE

With Compliments From Alison and
Eithne to David

Child Care Centre,
62 Walter Road,
Swansea SA1 4PT
Compassionate Care Grants
Play Therapy
Crisis Breaks
Tel: 01792 480500
Disneyland Paris Experience
Fax: 01792 480700
The American Experience
E-mail: enquiries@childrens-cancer-care.org.uk
Specialist Travel Insurance
Charity Registration Number: 801856