2000 UNIFORM BUSINESS REPORT (UBR)

5/5/

FILED
Jul 21, 2000 8:00 am
Secretary of State
05-24-2000 90075 001 ****61.25

DOCUMENT # N99000001964

1. Entity Name

CRUISE'N FOR CANCER FOUNDATION, INC.

R

Principal Place of Business	Mailing Address
60 TURTLE CREEK CIRCLE OLDSMAR FL 34677	60 TURTLE CREEK CIRCLE OLDSMAR FL 34677-1912

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2598 GARY CIRCLE	2598 GARY CIRCLE
Suite, Apt. #, etc. #304	Suite, Apt. #, etc. #304
City & State DUNEDIN, FLORIDA	City & State DUNEDIN, FLORIDA
Zip 34698 — Country PINELLAS	Zip 34698 Country PINELLAS

4. FEI Number — ☒ 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
CARNEY, THOMAS M. ~~60 TURTLE CREEK CIRCLE~~ 2598 GARY CIRCLE #304 ~~OLDSMAR FL 34677~~ DUNEDIN, FLORIDA 34698	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT CHAIRMAN OF BOARD THOMAS M. CARNEY 2598 GARY CIRCLE #304 DUNEDIN, FL 34698-1742	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR PHYLLIS DAMICO 1315 FIELDSTONE COURT BROADVIEW HEIGHTS, OHIO 44147	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR VALERIE GILL 2024 WEST 48TH TR. WESTWOOD HILLS, KANSAS 66205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: Thomas M. Carney — 4/28/00 — (727) 734-2775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #