

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # N99000002993

1. Entity Name

CONNIE J. GOODALE CANCER FOUNDATION, INC.

FILED
Jun 27, 2000 8:00 am
Secretary of State

04-18-2000 90225 007 ****61.25

Principal Place of Business

Mailing Address

1818 MEADOW CT.
WEST PALM BEACH FL 33406

PO BOX 15015
WEST PALM BEACH FL 33416-5015

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MOORE, DEBRA

1818 MEADOW CT.

WEST PALM BEACH FL 33406

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	P	<input type="checkbox"/> Delete
NAME	Debra Moore	
STREET ADDRESS	1818 meadow ct	
CITY - ST - ZIP	W Palm Beach FL 33406	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Kim Tuscap	
STREET ADDRESS	358 maddock st	
CITY - ST - ZIP	W Palm Beach FL 33406	
TITLE	S	<input type="checkbox"/> Delete
NAME	Susan Angelucci	
STREET ADDRESS	7004 Veltetian Way	
CITY - ST - ZIP	Lake Clarke Shores FL 33406	
TITLE	T	<input type="checkbox"/> Delete
NAME	Ed Reder	
STREET ADDRESS	10253 St Andrews Rd	
CITY - ST - ZIP	Boynton Beach FL 33436	
TITLE	D	<input type="checkbox"/> Delete
NAME	Joanie Wurster	
STREET ADDRESS	1520 Carambola	
CITY - ST - ZIP	W. Palm Beach FL 33406	
TITLE	D	<input type="checkbox"/> Delete
NAME	Sally Cunningham	
STREET ADDRESS	116 1st Terrace	
CITY - ST - ZIP	Palm Beach Gardens FL 33418	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kim Goodwin	
STREET ADDRESS	7604 Palm Rd	
CITY - ST - ZIP	W Palm Beach FL 33406	
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		

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

4/12/00

Date

561-433-4461

Daytime Phone #

CR2E037 (9/99)