

# UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90040 014 \*\*\*\*70.00

**DOCUMENT # N99000004557**

i. Entity Name

**VICTORY OVER CANCER, INC.**

Principal Place of Business <b>7407 SE HILL TERR. HOBE SOUND FL 33455</b>	Mailing Address <b>7407 SE HILL TERR. HOBE SOUND FL 33455-3054</b>
2. Principal Place of Business <b>851 SE Monterey Commons Blvd</b> Suite, Apt. #, etc.	3. Mailing Address <b>851 SE Monterey Commons Blvd.</b> Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <b>Stuart, FL</b>	City & State <b>Stuart, FL</b>	4. FEI Number <b>65-0958507</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34996</b>	Country <b>Martin</b>	Zip <b>34996</b>	Country <b>Martin</b>
6. Name and Address of Current Registered Agent <b>FOWLER, WILLIAM C 7407 SE HILL TERR. 851 SE Monterey Commons Blvd. HOBE SOUND FL 33455 Stuart, FL 34996</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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)

**4/18/00**  
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	<b>D SULLIVAN, SUSAN R 7211 SE GOLFHOUSE DR. HOBE SOUND FL 33455</b> <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	<b>D SULLIVAN, JOHN W JR. 137 W. 74TH ST., APT. 8 NEW YORK NY 10023</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SULLIVAN, JOHN W. JR. 1100 Liberty Ave. # 1003 Pittsburgh, PA 15222</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SULLIVAN, JOSEPH B 1321 SW EAGLEGLLEN PLACE STUART FL 34997</b> <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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Boucher, Melissa</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1100 Liberty Ave # 1003 Pittsburgh, PA 15222</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>F</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Fowler, William C. 851 SE Monterey Commons Blvd. Stuart, FL 34996</b>
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

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 #

**4/25/00**

**(561) 283-3838**

037 (9/99)