

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004557

1. Entity Name

VICTORY OVER CANCER, INC.

Principal Place of Business

851 SE MONTEREY COMMONS BLVD
STUART FL 34996

Mailing Address

851 SE MONTEREY COMMONS BLVD
STUART FL 34996

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

65-0958507

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

FOWLER, WILLIAM C
851 SE MONTEREY COMMONS BLVD
STUART FL 34996

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	D SULLIVAN, SUSAN R 7211 SE GOLFHOUSE DR. HOBE SOUND FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Sullivan, Susan R. 7211 SE Golfhouse Drive Hobe Sound, FL 33455 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, JOHN W JR. 1100 LIBERTY AVE #1003 PITTSBURGH PA 15222 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Sullivan, John W. Jr. 2035 Beechwood Avenue Wilmette, IL 60091 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, JOSEPH B 1321 SW EAGLEGLLEN PLACE STUART FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sullivan, Joseph B. 852 Balmoral Trace Stuart, FL 34997 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUCHER, MELISSA 1100 LIBERTY AVE #1003 PITTSBURGH PA 15222 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V Sullivan, Melissa B. 2035 Beechwood Avenue Wilmette, IL 60091 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOWLER, WILLIAM C 851 SE MONTEREY COMMONS BLVD STUART FL 34996 <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	D Crowe, Peggy 21 South Beach Road Hobe Sound, FL 33455 <input type="checkbox"/> Change <input checked="" 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.

William C. Fowler, Treasurer

SIGNATURE:

SIGNATURE REQUIRED

4/27/01

561-283-3838

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0084312

CR2E037 (10/00)

Attachment

DOC# N9900000 4557

D0051412

Attachment to Document N99000004557

Victory Over Cancer, Inc.
851 SE Monterey Commons Blvd.
Stuart, FL 34996

11. Additions/Changes to Officers and Directors in 10

Title	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Shaw, Julie Reynolds		
Street Add.	72 High Street		
City-St-Zip	Winnetka, IL 60093		

Title	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Segal, Carol		
Street Add.	34 Woodley Road		
City-St-Zip	Winnetka, IL 60093		

Title	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Hartigan, Marge		
Street Add.	1120 West Albion		
City-St-Zip	Chicago, IL 60626		

Title	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Scanlon, Betty		
Street Add.	22 Woodgate Drive		
City-St-Zip	Burr Ridge, IL 60521		