

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004557

1. Entity Name

VICTORY OVER CANCER, INC.

Principal Place of Business

Mailing Address

851 SE MONTEREY COMMONS BLVD
STUART FL 34996

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 DP ☐ Delete
NAME SULLIVAN, SUSAN R
STREET ADDRESS 7211 SE GOLFHOUSE DR.
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME SULLIVAN, JOHN W JR.
STREET ADDRESS 1100 LIBERTY AVE #1003
CITY-ST-ZIP PITTSBURGH PA 15222

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SULLIVAN, JOSEPH B
STREET ADDRESS 852 BALMORAL TRACE
CITY-ST-ZIP STUART FL 34997

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME SULLIVAN, MELISSA B
STREET ADDRESS 2035 BEECHWOOD AVENUE
CITY-ST-ZIP WILMETTE IL 60091

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME FOWLER, WILLIAM C
STREET ADDRESS 851 SE MONTEREY COMMONS BLVD
CITY-ST-ZIP STUART FL 34996

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CROWE, PEGGY
STREET ADDRESS 21 SOUTH BEACH ROAD
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/16/02 561-283-3838

Date

Daytime Phone #

CR2E037 (9/01)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90141 010 ****61.25



DO NOT WRITE IN THIS SPACE