

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90005 015 \*\*\*\*61.25

**DOCUMENT # P14678**

1. Entity Name

**THE INTERNATIONAL ASSOCIATION OF CANCER VICTORS**

Principal Place of Business

**KOONTZ, HARRY I**  
**5617 CLEARVIEW DR**  
**ORLANDO FL 32819**  
**US**

Mailing Address

**GRACE SNEAD**  
**2804 OAK LANE**  
**FERN PARK FL 32730**  
**US**

2. Principal Place of Business

**Beardall Center**

3. Mailing Address

**Grace Snead at the above**  
**address etc.**

Suite, Apt. #, etc.

**Gore Avenue**

City & State

**Orlando, Fl.**

City & State

Zip

**We meet here the 4th Thurs. of the month**

4. FEI Number

**95-4068631**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**KOONTZ, HARRY I**  
**5617 CLEARVIEW DR**  
**ORLANDO FL 32819**

7. Name and Address of New Registered Agent

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

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | <b>P</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>KOONTZ, HARRY</b>      |                                 |
| STREET ADDRESS | <b>5617 CLEARVIEW DR</b>  |                                 |
| CITY-ST-ZIP    | <b>ORLANDO FL 32819</b>   |                                 |
| TITLE          | <b>VP</b>                 | <input type="checkbox"/> Delete |
| NAME           | <b>MADAMBA, JOHANNA V</b> |                                 |
| STREET ADDRESS | <b>5813 LUZON PL</b>      | <b>Died in July</b>             |
| CITY-ST-ZIP    | <b>ORLANDO FL 32839</b>   | <b>2000</b>                     |
| TITLE          | <b>T</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>SNEAD, BILL</b>        |                                 |
| STREET ADDRESS | <b>2804 OAK LAND</b>      |                                 |
| CITY-ST-ZIP    | <b>FERN PARK FL 32730</b> |                                 |
| TITLE          | <b>S</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>SNEAD, GRACE A</b>     |                                 |
| STREET ADDRESS | <b>2804 OAK LANE</b>      |                                 |
| CITY-ST-ZIP    | <b>FERN PARK FL 32730</b> |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                             |                                                                   |
|----------------|-----------------------------|-------------------------------------------------------------------|
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Harry Koontz</b>         |                                                                   |
| STREET ADDRESS | <b>5617 Clearview Drive</b> |                                                                   |
| CITY-ST-ZIP    | <b>Orlando, Fl. 32819</b>   |                                                                   |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Joe Martin</b>           |                                                                   |
| STREET ADDRESS | <b>2216 Vincent Road</b>    |                                                                   |
| CITY-ST-ZIP    | <b>Orlando, Fl. 32817</b>   |                                                                   |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Bill Snead</b>           |                                                                   |
| STREET ADDRESS | <b>2804 Oak Lane</b>        |                                                                   |
| CITY-ST-ZIP    | <b>Fern Park, Fl. 32730</b> |                                                                   |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Grace A. Snead</b>       |                                                                   |
| STREET ADDRESS | <b>2804 Oak Lane</b>        |                                                                   |
| CITY-ST-ZIP    | <b>Fern Park, Fl. 32730</b> |                                                                   |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> 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:**

**Grace A. Snead**

**4-5-2001**

**Phone: (407) 339-2537**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)