

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33671

1. Entity Name

LEUKEMIA SOCIETY RESEARCH PROGRAMS, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90123 004 ****61.25

Principal Place of Business

Mailing Address

600 THIRD AVENUE
FOURTH FL
NEW YORK NY 10016

600 THIRD AVENUE
FOURTH FL
NEW YORK NY 10016-1901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3470494

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MCDONALD, PATRICIA
5840 CORPORATE WAY
SUITE 102
WEST PALM BEACH FL 33407

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	C	<input checked="" type="checkbox"/> Delete
NAME	REIMERS, WILLIAM H	
STREET ADDRESS	910 LYNCHBURY DR	
CITY-ST-ZIP	JACKSONVILLE NC 28546	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOWELL, DWAYNE	
STREET ADDRESS	600 THIRD AVE.	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WALTER, JOHN E.	
STREET ADDRESS	600 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOOVER, LYNN C	
STREET ADDRESS	2420 PERSHING RD.,STE 400	
CITY-ST-ZIP	KANSAS CITY MI 64108	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILVER, JAY L.	
STREET ADDRESS	4265 SAN FELIPE ROAD SUITE 800	
CITY-ST-ZIP	HOUSTON TX 77927	
TITLE		<input type="checkbox"/> Delete
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		
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TITLE		<input checked="" 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		

Kansas City, MO 64108

Chairman of the Board

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

Jimmy Nangle, VP, Controller.

Date

Daytime Phone #

3/27/00

(212)450-8888

CR2E037 (9/99)