

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 07, 2002 8:00 am**  
**Secretary of State**

08-07-2002 90196 007 \*\*\*\*61.25

**DOCUMENT # N01000005725**

1. Entity Name

**ASSOCIATION OF NURSES ENDORSING TRANSPLANTATION, INC.**

Principal Place of Business

Mailing Address

1326 GEORGE EDWARDS CT.  
 MERRITT ISLAND FL 32953

PO BOX 541234  
 MERRITT ISLAND FL 32954-1234

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

52-1530111

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

7. Name and Address of New Registered Agent

**GAINEY, MARY**  
 1326 GEORGE EDWARDS CT.  
 MERRITT ISLAND FL 32953

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 min. will be \$236.25.**

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	Change	Addition
D	GAINEY, MARY	1326 GEORGE EDWARDS CT.	MERRITT ISLAND FL 32953	<input type="checkbox"/>	<input type="checkbox"/>
DS	MCMAHON, RUTH	307 SHERWOOD PLACE	MERRITT ISLAND FL 32953	<input type="checkbox"/>	<input type="checkbox"/>
DP	AVANTS, JULIE	1325 JULIENNE	SAN ANTONIO TX 78232	<input type="checkbox"/>	<input type="checkbox"/>
P	KENNEDY, CYNTHIA	11511 DERBYSHIRE LN.	SAN ANTONIO TX 78251	<input type="checkbox"/>	<input type="checkbox"/>
S	KELLY, MIRANDA	1418 CASTLEMIST	SPRING TX 77386	<input type="checkbox"/>	<input type="checkbox"/>
T	LIVINGSTON, MARTHA	41 SPRING LN., POLLY ACRES	BANGOR PA 18013	<input type="checkbox"/>	<input type="checkbox"/>

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: *Ruth M. McMahon* **RUTH M. MCMAHON** 8/6/02 321-454-3774

CR2E037 (4/02)