

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90052 028 ****61.25

DOCUMENT # N19208

1. Entity Name

TRANSPLANT FOUNDATION OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

1150 NW 14TH ST.
 STE. 209B
 MIAMI FL 33136

% JEFFREY BARASH
 1140 KANE CONCOURSE
 BAY HARBOR FL 33154-2045

00004623



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2767754

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

BARASH, A. JEFFREY
BARASH & ASSOCIATES, P.A.
1140 KANE CONCOURSE
BAY HARBOR FL 33154

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 **VPD** Delete
 NAME **SCHATZMAN, LARRY**
 STREET ADDRESS **9500 DADELAND BLVD. STE 610**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE **President-DIR** Change Addition
 NAME **Schatzman, Larry**
 STREET ADDRESS **9500 Dadeland Blvd., Ste. 610**
 CITY-ST-ZIP **Miami, FL 33156**

TITLE **D** Delete
 NAME **EAGER, GEORGE**
 STREET ADDRESS **325 CALUSA**
 CITY-ST-ZIP **KEY LARGO FL**

TITLE **President-Elect-DIR** Change Addition
 NAME **Coker, Donnie**
 STREET ADDRESS **1067 N.W. 155th Terrace**
 CITY-ST-ZIP **Pembroke Pines, Fl. 33028**

TITLE **VPD** Delete
 NAME **BARASH, A. JEFFREY**
 STREET ADDRESS **1140 KANE CONCOURSE**
 CITY-ST-ZIP **BAY HARBOR FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **LOWENSTEIN, ELLIOT**
 STREET ADDRESS **2100 SALZEDO ST. STE. 303**
 CITY-ST-ZIP **COROL GABLES FL 33134**

TITLE **Director** Change Addition
 NAME **Lowenstein, Elliot**
 STREET ADDRESS **2100 Salzedo St., Ste. 303**
 CITY-ST-ZIP **Coral Gables, Fl. 33134**

TITLE **SD** Delete
 NAME **BLAKE, JANET**
 STREET ADDRESS **6014 NW 75TH CT.**
 CITY-ST-ZIP **PARKLAND FL 33067**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **JORDON, THOMAS**
 STREET ADDRESS **2601 E. OAKLAND PARK BLVD, STE.500**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

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) **SIGNATURE REQUIRED, VP. A. JEFFREY BARASH**

Date

Daytime Phone #

1/4/00 305-868-7E