

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 763514**

1. Entity Name

THE NIELSEN ORGAN TRANSPLANT FOUNDATION, INC.**FILED**
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90134 019 ****61.25

Principal Place of Business

Mailing Address

**580 W. 8TH ST.
JACKSONVILLE FL 32209****580 W. 8TH ST.
JACKSONVILLE FL 32209**

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 **59-2229285**

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

**DREWA, MARCUS E.
580 W 8TH STREET
JACKSONVILLE FL 32209**

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 \$61.259. 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 **PAST** ☐ Delete
NAME **DREWA, MARCUS E.**
STREET ADDRESS **580 W. 8TH ST.**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **CHARLTON, RONALD DR**
STREET ADDRESS **580 WEST 8TH STREET**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **STRAUSS, RUSSELL**
STREET ADDRESS **341 MISTY HOLLOW DR W**
CITY-ST-ZIP **JACKSONVILLE FL 32225**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **CD** ☐ Delete
NAME **PETERS, THOMAS, MD**
STREET ADDRESS **580 W 8TH STREET**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MCCLUSKEY, CHARLESQ J**
STREET ADDRESS **720 SW 2ND AVE STE 570**
CITY-ST-ZIP **GAINESVILLE FL 32601**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **HEMINGWAY, ANNETTE**
STREET ADDRESS **1980 GREENWOOD AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL 32205**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: *Marcus E. Drewa*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/15/01 (904)244-9823**
Date Daytime Phone #

CR2E037 (9/01)