# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19208

1. Entity Name

TRANSPLANT FOUNDATION OF SOUTH FLORIDA, INC.

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

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

00004223

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 1150 NW 14TH ST.<br>STE. 209B<br>MIAMI FL 33136 | % JEFFREY BARASH<br>1140 KANE CONCOURSE<br>BAY HARBOR FL 33154-2045 |

| 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 59-2767754 | Applied For | Not Applied

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<br>BARASH & ASSOCIATES, P.A.<br>1140 KANE CONCOURSE<br>BAY HARBOR FL 33154 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD ☐ Delete<br>SCHATZMAN, LARRY<br>9500 DADELAND BLVD. STE 610<br>MIAMI FL 33156 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | President-Dir ☒ Change ☐<br>Schatzman, Larry<br>9500 Dadeland Blvd., Ste. 610<br>MIami, FL 33156 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D ☐ Delete<br>EAGER, GEORGE<br>325 CALUSA<br>KEY LARGO FL | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | President-Elect-Dir ☒ Change ☐ Additio<br>Coker, Donnie<br>1067 N.W. 155th Terrace<br>Pembroke Pines, Fl. 33028 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD ☐ Delete<br>BARASH, A. JEFFREY<br>1140 KANE CONCOURSE<br>BAY HARBOR FL | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Additio |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD ☐ Delete<br>LOWENSTEIN, ELLIOT<br>2100 SALZEDO ST. STE. 303<br>COROL GABLES FL 33134 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Director ☒ Change ☐ Additio<br>Lowenstein, Elliot<br>2100 Salzedo St., Ste. 303<br>Coral Gables, Fl. 33134 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD ☐ Delete<br>BLAKE, JANET<br>6014 NW 75TH CT.<br>PARKLAND FL 33067 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Additio |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD ☐ Delete<br>JORDON, THOMAS<br>2601 E. OAKLAND PARK BLVD, STE.500<br>FT. LAUDERDALE FL 33301 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Additio |

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, VP A. JEFFREY BARASH 1/6/00 305-868-74
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #