## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 08, 2001 8:00 am Secretary of State DOCUMENT # N19208 1. Entity Name TRANSPLANT FOUNDATION OF SOUTH FLORIDA, INC. 01-08-2001 90026 019 \*\*\*\*61.25 Principal Place of Business Mailing Address 1150 NW 14TH ST. % JEFFREY BARASH STE. 209B 1140 KANE CONCOURSE **UUUUU433** BAY HARBOR FL 33154 MIAMI FL 33136 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2767754 Not Applicable Country \$8.75 Additional П 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. 8ox Number is Not Acceptable) BARASH, A. JEFFREY BARASH & ASSOCIATES, P.A. 1140 KANE CONCOURSE Zip Code City FL **BAY HARBOR FL 33154** 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be Make Check Pavable to FILE NOW: Trust Fund Contribution. Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PD Change ☐ Addition ☐ Delete TITLE DONNIE COKER SCHATZMAN, LARRY NAME NAME 1067 N.W. 155th Textace STREET ADDRESS 9500-DADELAND BLVD., STE. 610 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 REMBLOKE PINES, FC. 33020 Delete TITLE PRES, ELECT - DIR. ☐ Change Addition BARRY GIVNER EAGER, GEORGE NAME NAME STREET ADDRESS 1200 Brichall Ave. STREET ADDRESS 1067 NW-155 TERR. CITY-ST-ZIP CITYESTER MIAMU FLORIDA 33133 PEMBROKE PINES FL 33028 ☐ Delete P.M.S. - Dade County CHAPTEN Change Addition **VPD** TITI F TITLE BARASH, A. JEFFREY NAME BAMASH. A. JEFFAC NAME 1140 KANE CONCOURSE STREET ADDRESS 1140 Kare Coneau STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BAY HARBOR FL** Bay Haybox FL. 33154 Change ☐ Addition ☐ Delete TITLE VPD TITLE NAME LOWENSTEIN, ELLIOT NAME noo Salgedo St. Jun STREET ADDRESS STREET ADDRESS 2100 SALZEDO ST. STE. 303 COMAL GABLES, FL3313 PAUL ALTERMAN - VI. CITY-ST-ZIP CITY-ST-ZIP COROL GABLES FL 33134 **Addition** Delete ☐ Change TITLE -<del>CD</del>-TITLE -BLAKE, JANET NAME NAME 7850 WW. 5th Pc. STREET ADDRESS STREET ADDRESS -0014 NW 75TH GT. CITY-ST-ZIP PLANTATION. FL CITY-ST-ZIP PARKLAND FL 33067 Addition Change ☐ Delete TITLE TITLE JORDON, THOMAS NAME MANOY WOINBERG 3 990 SHOMBAN ST. SWITE VOY STREET ADDRESS STREET ADDRESS 2601 E. OAKLAND PARK BLVD, STE.500 CITY-ST-ZIP HOLLY LOOD, FL. 33021 CITY-ST-ZIP FT. LAUDERDALE FL 33301 nis filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director fired to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if hall other like empowered. 12. I hereby certify that the information supplied with this indicated on this report or supplemental report is true

of the corporation or the receiver or trustee empoy changed, or on an attachment with an address,

SIGNATURE:

AT.

(10/00)

CR2E037

- 42

**■**7881