

2000 UNIFORM BUSINESS REPORT (UBR)

6/

DOCUMENT # N40075 ✓

1. Entity Name

NATIONAL ORGAN TRANSPLANT FOUNDATION, INC.

Principal Place of Business

ONE PURLIEU PLACE
WINTER PARK FL 32792

Mailing Address

P.O. BOX 1117
WINTER PARK FL 32784-9290

2. Principal Place of Business

201 N. Palmetto Ave

Suite, Apt. #, etc.

3. Mailing Address

201 N. Palmetto Ave

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3080399

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAWKINS, DAVID L
1188 FOX FORREST CIR
APOPKA FL 32712

7. Name and Address of New Registered Agent

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

TITLE NAME ☐ Delete

DAWKINS, DAVID L
1188 FOX FORREST CIR
APOPKA FL 32712

TITLE NAME ☒ Delete

TERROT, TERRY
122 PALMETO AVE
ORLANDO FL 32801

TITLE NAME ☐ Delete

DAWKINS, SANDRA
1188 FOX FORREST CIR
APOPKA FL 32712

TITLE NAME ☒ Delete

DAVID DAWKINS
1188 FOXFIRE CIR
APOPKA FL

TITLE NAME ☐ Delete

KIM HIGHTOWER
8623 OLD BRIDGE LN
ORLANDO FL

TITLE NAME ☒ Delete

COLEMAN FORHAND
1 PURLIEU PL., STE. #280
WINTER PARK FL 32792

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☒ Addition

ANTHONY MORENO, JR.
15 W Church St
ORLANDO, FL 32801

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
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TITLE NAME ☐ Change ☐ Addition

TITLE 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)