

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 07, 2002 8:00 am  
Secretary of State

03-07-2002 90026 049 \*\*\*\*61.25

DOCUMENT # N40075

1. Entity Name

NATIONAL ORGAN TRANSPLANT FOUNDATION, INC.

Principal Place of Business

Mailing Address

1501 RIDGEWOOD AVE., STE. 203B  
HOLLY HILL FL 32117

1501 RIDGEWOOD AVE., STE. 203B  
HOLLY HILL FL 32117

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

59-3080399

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

CLARK, JANET  
41 SPRING GLEN DR.  
DEBARY FL 32713

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	P	DAWKINS, DAVID L	<input checked="" type="checkbox"/> Delete
NAME		1188 FOX FORREST CIR	
STREET ADDRESS		APOPKA FL 32712	
CITY-ST-ZIP			
TITLE	D	MORENO JR, ANTHONY	<input checked="" type="checkbox"/> Delete
NAME		15 W CHURCH ST.	
STREET ADDRESS		ORLANDO FL 32801	
CITY-ST-ZIP			
TITLE	T	DAWKINS, SANDRA	<input checked="" type="checkbox"/> Delete
NAME		1188 FOX FORREST CIR	
STREET ADDRESS		APOPKA FL 32712	
CITY-ST-ZIP			
TITLE	TD	KIM HIGHTOWER	<input checked="" type="checkbox"/> Delete
NAME		8623 OLD BRIDGE LN	
STREET ADDRESS		ORLANDO FL	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	President/D	JANET CLARK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		41 SPRING GLEN DR.	
STREET ADDRESS		DEBARY, FL. 32713	
CITY-ST-ZIP			
TITLE	VP/D	Reda Green	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2405 Travelers Palm	
STREET ADDRESS		EDGEWATER, FL. 32141	
CITY-ST-ZIP			
TITLE	Secy/D	Beverly McKee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2611 YALE RD.	
STREET ADDRESS		S. DAYTONA, FL. 32124	
CITY-ST-ZIP			
TITLE	Treasurer/D	Gleno Facchin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		354 Georgetown DR.	
STREET ADDRESS		DAYTONA Bch, FL. 32118	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

Gleno Facchin

2-2502

386-672-5586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (9/01)