

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002912

Entity Name

NORTHEAST FLORIDA CHAPTER OF TRANSPLANT RECIPIEN

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business

Mailing Address

C/O HEART & LUNG INST. ST. VINCENTS HOSP.
1600 BARRS STREET
JACKSONVILLE FL 32204

PO BOX 60562
JACKSONVILLE FL 32236-0562
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE
02-09-00 90086 047 \$61.25

4. FEI Number

59-3361086

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

RHODES, J T
NATIONAL BLDG., SUITE 140
4215 SOUTHPOINT BOULEVARD
JACKSONVILLE FL 32216

Name

Street Address (P.O. Box Number is Not Acceptable)

5150 BELFORT RD
Bldg. 300

City

JACKSONVILLE

FL

Zip Code

32256

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

10/18/00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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 D ☒ Delete
NAME PATTERSON, HUGH
STREET ADDRESS 7918 NARANJA DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE D ☐ Change ☐ Addition
NAME Richard Pracher
STREET ADDRESS 1501 LANE A13 South #48 LL
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE D ☒ Delete
NAME BINDER, STEVE
STREET ADDRESS 10023 BELLE RIVER #1122
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D ☐ Change ☐ Addition
NAME Cheri DeLand
STREET ADDRESS 3391 MAIDEN VOYAGE
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE D ☒ Delete
NAME LYERLY, WILLIAM
STREET ADDRESS 6541 SOLANDRA DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32210-7066

TITLE D ☐ Change ☐ Addition
NAME ARIKA m. Gray
STREET ADDRESS 2147 Derringer Circle E.
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE D ☒ Delete
NAME O'STEEN, LORI
STREET ADDRESS 1607 RIVER BLUFF ROAD
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE D ☐ Change ☐ Addition
NAME Karen White
STREET ADDRESS 570 S. County Road 21
CITY-ST-ZIP Hawthorne FL 32640

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED C DeLand 10/2000 904 2681722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

CR 120:17-1/00