

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90005 036 \*\*\*\*70.00

**DOCUMENT # N96000002912**

1. Entity Name

**NORTHEAST FLORIDA CHAPTER OF TRANSPLANT RECIPIENT  
 INTERNATIONAL ORGANIZATION, INC.**

Principal Place of Business

5150 BELFORT RD  
 BLDG 300  
 JACKSONVILLE FL 32256

Mailing Address

PO BOX 60562  
 JACKSONVILLE FL 32236-0562  
 US

2. Principal Place of Business

5150 Belfort Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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  
 5150 BELFORT RD.  
 BLDG. 300  
 JACKSONVILLE FL 32256

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 ☒ Delete  
 NAME RHODES, J T  
 STREET ADDRESS 5150 BELFORT RD BLDG 300  
 CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 5150 Belfort Rd Bldg 300  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME BINDER, STEVE  
 STREET ADDRESS 2060 E HOVINGTON CIRCLE  
 CITY-ST-ZIP JACKSONVILLE FL 32248

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

TITLE ☐ Delete  
 NAME MASTERS, JUDI  
 STREET ADDRESS 5327 110TH STREET  
 CITY-ST-ZIP JACKSONVILLE FL 32244

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

TITLE ☐ Delete  
 NAME O'STEEN, LORI  
 STREET ADDRESS 1607 RIVER BLUFF RD N  
 CITY-ST-ZIP JACKSONVILLE FL 32211

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

TITLE ☐ Delete  
 NAME MOORE, ALAN III  
 STREET ADDRESS 8022 QUEENSFERRY LANE  
 CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS P.O. Box 2713  
 CITY-ST-ZIP Orange Park, FL 32067

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:

**REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-02

Date

904-276-9055

Daytime Phone #

CR2E037 (9/01)