

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001058

1. Entity Name

THE SHAWN ELLIOTT TRANSPLANT MEMORIAL FOUNDATION

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90028 025 \*\*\*\*70.00

Principal Place of Business

Mailing Address

5649 TREVINO DRIVE  
MILTON FL 32570

5649 TREVINO DRIVE  
MILTON FL 32570-8215

2. Principal Place of Business

2449 HORN ROAD

3. Mailing Address

2449 HORN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MILTON, FL

City & State

MILTON, FL

4. FEI Number

62-1742035

Applied For

Not Applicable

Zip

32570

Country

USA

Zip

32570

Country

USA

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

BROWN, JANET E  
5649 TREVINO DRIVE  
MILTON FL 32570

Name

BROWN, JANET E

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

2449 HORN ROAD

City

MILTON,

FL

Zip Code

32570

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

*Janet E Brown - President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Feb 21, 2000*

**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 PD ☐ Delete  
NAME BROWN, JANET E  
STREET ADDRESS 5649 TREVINO DRIVE  
CITY-ST-ZIP MILTON FL 32570

TITLE PD ☒ Change ☐ Addition  
NAME Brown, Janet E  
STREET ADDRESS 2449 HORN RD  
CITY-ST-ZIP MILTON, FL 32570

TITLE D ☐ Delete  
NAME BROWN, CLARENCE L  
STREET ADDRESS 4620 POINTE RIDGE DR  
CITY-ST-ZIP PACE FL 32571

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

TITLE D ☐ Delete  
NAME MEADOWS, MISTY M  
STREET ADDRESS 101 PULLEY RD  
CITY-ST-ZIP HAVELock NC 28532

TITLE D ☒ Change ☐ Addition  
NAME MEADOWS, MISTY M  
STREET ADDRESS 101 PULLEY RD  
CITY-ST-ZIP HAVELock, NC 28532

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

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:

*Janet E Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb 21, 2000 (850) 675-6949*  
Date Daytime Phone #