

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001058

1. Entity Name

THE SHAWN ELLIOTT TRANSPLANT MEMORIAL FOUNDATION

**FILED**  
Feb 06, 2001 8:00 am  
Secretary of State

02-06-2001 90298 008 \*\*\*\*70.00

Principal Place of Business

Mailing Address

2449 HORN ROAD  
MILTON FL 32570

2449 HORN ROAD  
MILTON FL 32570

2. Principal Place of Business

6085 LAST CHANCE RD

3. Mailing Address

6085 LAST CHANCE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MILTON FLORIDA

City & State

MILTON FLORIDA

4. FEI Number

62-1742035

Applied For

Not Applicable

Zip

32570

Country

SANTA ROSA

Zip

32570

Country

SANTA ROSA

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  
2449 HORN ROAD  
MILTON FL 32570

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

*Janet E Brown*

President

January 23, 2001

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 PD  
NAME BROWN, JANET E  
STREET ADDRESS 2449 HORN ROAD  
CITY-ST-ZIP MILTON FL 32570 ☐ Delete

TITLE PD  
NAME BROWN, JANET E  
STREET ADDRESS 6085 LAST CHANCE RD  
CITY-ST-ZIP MILTON FL 32570 ☒ Change ☐ Addition

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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* JANET E BROWN PRESIDENT 01.23.01 (850)675-6949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)