

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001058

1. Entity Name

THE SHAWN ELLIOTT TRANSPLANT MEMORIAL FOUNDATION
INC.

Principal Place of Business

Mailing Address

6085 LAST CHANCE ROAD
MILTON FL 32570

6085 LAST CHANCE ROAD
MILTON FL 32570

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 BROWN JANET E

Street Address (P.O. Box Number is Not Acceptable)
6085 LAST CHANCE RD

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

Janet Brown

02.15.02

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 6055 LAST CHANCE ROAD
CITY-ST-ZIP MILTON FL 32570 ☐ Delete

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

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

TITLE D
NAME BROWN, CLARENCE L.
STREET ADDRESS 5649 TREVINO DR
CITY-ST-ZIP MILTON, FL 32570 ☒ 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 Brown REQUIRED

02.15.02

850 675 6944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

02 MAR 20 PM 5:25

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

CR2037 (9/01)

000005237200-0
-04/11/02--01015--008
*****70.00 *****70.00

78