

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716951

1. Entity Name

CITRUS REGIONAL BLOOD CENTER, INC.

Principal Place of Business

3200 LAKE LAND HILLS BLVD  
LAKE LAND FL 33805  
US

Mailing Address

3200 LAKE LAND HILLS BLVD.  
LAKE LAND FL 33805-2271  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0720864

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARR, ALICE  
3200 LAKE LAND HILLS BLVD.  
LAKE LAND FL 33805

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 PD ☐ Delete  
NAME WILLARD, THOMAS  
STREET ADDRESS 1717 JOHN ARTHUR WAY  
CITY-ST-ZIP LAKE LAND FL

TITLE PD ☒ Change ☐ Addition  
NAME Joyce McLeod  
STREET ADDRESS 3341 West Main  
CITY-ST-ZIP Wauchula, FL

TITLE PD ☐ Delete  
NAME MCLEOD, JOYCE  
STREET ADDRESS 3341 WEST MAIN  
CITY-ST-ZIP WAUCHULA FL

TITLE VD ☒ Change ☐ Addition  
NAME Judy Cline  
STREET ADDRESS 2016 Castle Court  
CITY-ST-ZIP Lakeland, FL

TITLE VD ☐ Delete  
NAME CLINE, JUDY  
STREET ADDRESS 2016 CASTLE COURT  
CITY-ST-ZIP LAKE LAND FL

TITLE VD ☒ Change ☐ Addition  
NAME Faye Sanders  
STREET ADDRESS 4207 Old Hwy 37, Apt. 40  
CITY-ST-ZIP Lakeland, FL

TITLE TD ☐ Delete  
NAME STURWOLD, EARL  
STREET ADDRESS PO BOX 741  
CITY-ST-ZIP DADE CITY FL

TITLE ☒ Change ☐ Addition  
NAME Thomas Willard  
STREET ADDRESS 1717 John Arthur Way  
CITY-ST-ZIP Lakeland, FL

TITLE VD ☐ Delete  
NAME SANDERS, FAYE  
STREET ADDRESS 4207 OLD HWY 37, APT. 40  
CITY-ST-ZIP LAKE LAND FL

TITLE SD ☒ Change ☐ Addition  
NAME Thomas Willard  
STREET ADDRESS 1717 John Arthur Way  
CITY-ST-ZIP Lakeland, FL

TITLE ED ☐ Delete  
NAME BARR, ALICE  
STREET ADDRESS 3200 LAKE LAND HILLS BLVD.  
CITY-ST-ZIP LAKE LAND FL

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alice R. Barr

Date

Daytime Phone #

FILED  
Feb 10, 2000 8:00 am  
Secretary of State

02-10-2000 90059 037 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)