

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751255

1. Entity Name

FLORIDA BLOOD SERVICES FOUNDATION, INC.

Principal Place of Business

Mailing Address

10100 NINTH ST NORTH
ST PETERSBURG FL 33761

10100 NINTH ST NORTH
ST PETERSBURG FL 33761

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

59-2216675

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

Name

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

City

FL

Zip Code

CUMMINGS, WILLIAM G JR
1829 NOTTINGHAM LANE
CLEARWATER FL 33764

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 P
NAME CUMMINGS, WILLIAM G JR
STREET ADDRESS 1829 NOTTINGHAM LANE
CITY-ST-ZIP CLEARWATER FL 33764 ☐ Delete

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

TITLE D
NAME BABKA, ROBIN
STREET ADDRESS 101. PALMETTO RD
CITY-ST-ZIP BELLEAIR FL 33756 ☐ Delete

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

TITLE T
NAME FLUHARTY, STEPHEN P
STREET ADDRESS 2416 WATROUS AVE
CITY-ST-ZIP TAMPA FL 33629 ☐ Delete

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

TITLE S
NAME WISEMAN, TODD A
STREET ADDRESS 7320 YARDLEY WAY
CITY-ST-ZIP TAMPA FL 33647 ☐ Delete

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

TITLE V
NAME UPMEYER, ERNST A II
STREET ADDRESS 1333 INDIAN ROCKS RD.
CITY-ST-ZIP BELLEAIR FL 33756 ☐ Delete

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

TITLE D
NAME ROSENBLUM, BARBARA L.
STREET ADDRESS 7 AMBLESIDE DRIVE
CITY-ST-ZIP BELLEAIR FL 33756 ☐ 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: William G. Cummings *William G. Cummings* J. 1/31 531-3731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0061543

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90064 034 ****70.00

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DO NOT WRITE IN THIS SPACE