

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
 05-21-2002 90859 004 ****61.25

DOCUMENT # N96000006581

1. Entity Name

HEMOPHILIA FOUNDATION OF GREATER FLORIDA, INC.

Principal Place of Business

Mailing Address

**1350 N ORANGE AVE SUITE 227
 WINTER PARK FL 32789**

**1350 N ORANGE AVE SUITE 227
 WINTER PARK FL 32789**

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

59-3418827

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

**HAYNES, FRANCINE G
 1350 N ORANGE AVE SUITE 227
 WINTER PARK FL 32789**

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 **VBOD** ☐ Delete
 NAME **DAWSON, MYRA**
 STREET ADDRESS **2176 BENT OAK DRIVE**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE **David Wolf / Board member** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS **2100 Stone Cross Circle**
 CITY-ST-ZIP **Orlando, Florida 32828**

TITLE **PD** ☐ Delete
 NAME **BURGESSON, BARBARA**
 STREET ADDRESS **3295 66TH ST SW**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE **Director** ☐ Change ☒ Addition
 NAME **Alan Apple**
 STREET ADDRESS **P.O. Box 1673**
 CITY-ST-ZIP **Orlando, Florida 32802**

TITLE **TD** ☐ Delete
 NAME **SHINHOLSER, JIM**
 STREET ADDRESS **1903 BENT OAK DRIVE**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE **Director** ☐ Change ☒ Addition
 NAME **Ron Sachs**
 STREET ADDRESS **610-114 Chestnut Oak Circle**
 CITY-ST-ZIP **Altamonte Springs, FL 32707**

TITLE **D** ☐ Delete
 NAME **MARTINEZ, MARINA**
 STREET ADDRESS **243 EASTON CIRCLE**
 CITY-ST-ZIP **OMIEDO FL 32765**

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02
 Date

407-629-0000
 Daytime Phone #

CR2E037 (9/01)