2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736589

1. Entity Name

CENTRAL FLORIDA BLOOD BANK, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State
03-15-2000 90062 006 ****61.25

Principal Place of Business	Mailing Address
32 W GORE ST PO BOX 568613 ORLANDO FL 32806	32 W GORE ST PO BOX 568613 ORLANDO FL 32806-1114

DO NOT WRITE IN THIS SPACE

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 59-0668473 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARR, EDWARD O
32 W. GORE ST.
ORLANDO FL 32806

7. Name and Address of New Registered Agent

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

TITLE	DVC	☐ Delete
NAME	RAMSDEEL, ROBERT	
STREET ADDRESS	2811 CURRY FORD ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ Delete
NAME	DUDA, BETTY A	
STREET ADDRESS	2450 MIKLER ROAD	
CITY-ST-ZIP	OVIEDO FL	
TITLE	DC	☐ Delete
NAME	YATES, LEIGHTON D	
STREET ADDRESS	200 S. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DPS	☐ Delete
NAME	CARR, EDWARD O	
STREET ADDRESS	32 W GORE ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DT	☐ Delete
NAME	BOONE, DAVID E	
STREET ADDRESS	200 S ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

CR2E037 (9/99)

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 E.O. Carr 3-1-00 (407)999-8498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #