

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729802

1. Entity Name

LIFESOUTH COMMUNITY BLOOD CENTERS, INC.

Principal Place of Business

1221 N.W. 13TH STREET  
GAINESVILLE FL 32601-4111

Mailing Address

1221 N.W. 13TH STREET  
GAINESVILLE FL 32601-4111

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1545914

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HASWELL, JOHN  
211 NE FIRST ST  
GAINESVILLE FL 32601

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	CD	<input type="checkbox"/> Delete
NAME	BAKER, PHILIP H.	
STREET ADDRESS	7020 LAKE SHORE DR.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	BYRD, REEVES H., JR.	
STREET ADDRESS	3632 N.W. 52ND AVE.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHAFFER, WILLARD G.	
STREET ADDRESS	1428 N.W. 47TH TERR.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BEVIS, HERBERT A.	
STREET ADDRESS	3414 N.W. 7TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	ECKERT, NANCY	
STREET ADDRESS	4809 SW 3RD PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Nancy Eckert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352) 334-1000

FILED  
Jan 23, 2001 8:00 am  
Secretary of State

01-23-2001 90069 046 \*\*\*\*70.00

80008205



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)