

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736589

1. Entity Name

CENTRAL FLORIDA BLOOD BANK, INC.

Principal Place of Business

32 W GORE ST
PO BOX 568613
ORLANDO FL 32806

Mailing Address

32 W GORE ST
PO BOX 568613
ORLANDO FL 32806

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

7. Name and Address of New Registered Agent

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

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

TITLE NAME	VICE-CHAIRMAN C.DEAN KURTZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	BOX 165000,MSFLAPKA0234	
CITY-ST-ZIP	ALTAMONTE SPRGS,FL 32716-5000	
TITLE NAME	ANNE K.CHINODA, SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	ANNE K. CHINODA	
CITY-ST-ZIP	32 W.GORE ST ORLANDO, FL 32806	
TITLE NAME	MEMBER-AT-LARGE -DIRECTOR DAVID J. JASMUND	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	P.O.BOX 2231	
CITY-ST-ZIP	WINTER PARK,FL 32790-2231	
TITLE NAME	MEMBER-AT-LARGE -DIRECTOR CHARLES D. TOMPKINS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7007 SEA WORLD DRIVE	
CITY-ST-ZIP	ORLANDO,FL 32821	
TITLE NAME	CHAIRMAN LEIGHTON D.YATES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	200 S.ORANGE AVE	
CITY-ST-ZIP	ORLANDO,FL 32801	
TITLE NAME	PRESIDENT/CEO EDWARD O. CARR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	32 W.GORE ST	
CITY-ST-ZIP	ORLANDO,FL 32806	

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 of Edward O. Carr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90035 024 ****61.25

756377



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)