

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91219 039 *****70.00

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

4039 Newberry Road

Suite, Apt. #, etc.

3. Mailing Address

4039 Newberry Road

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32607

Country

City & State

Gainesville, FL

Zip

32607

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete
NAME **BAKER, PHILIP H.**
STREET ADDRESS **7020 LAKE SHORE DR.**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **VCD** ☐ Delete
NAME **BYRD, REEVES H., JR.**
STREET ADDRESS **3632 N.W. 52ND AVE.**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **TD** ☐ Delete
NAME **SHAFFER, WILLARD G.**
STREET ADDRESS **1428 N.W. 47TH TERR.**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **SD** ☐ Delete
NAME **BEVIS, HERBERT A.**
STREET ADDRESS **3414 N.W. 7TH PLACE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **CEO** ☐ Delete
NAME **ECKERT, NANCY**
STREET ADDRESS **4809 SW 3RD PLACE**
CITY-ST-ZIP **GAINESVILLE 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
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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

16 April 03 (352)334-1039

CR2E037 (10/02)