

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700414

1. Entity Name

NORTHWEST FLORIDA BLOOD CENTER, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90305 012 ****70.00

Principal Place of Business

2201 NORTH 9TH AVE
PENSACOLA FL 32503-3948

Mailing Address

2201 NORTH 9TH AVE
PENSACOLA FL 32503-3948

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

59-0714811

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

ROBERTS, EUGENE F. JR.
2201 NORTH 9TH AVENUE
PENSACOLA FL 32503-3999

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
STREET ADDRESS
CITY-ST-ZIP
P
SMITH, JOSEPH D
4020 GALLAHAD ROAD
PENSACOLA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
CAMPBELL, PHILLIP R
40 ROCKWOOD RD
PENSACOLA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
STANFORD, C E SR
817 DEEDRA AVE
PENSACOLA FL 32514 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE-PRESIDENT
BUTLER, DR. ALTON
7966 TEMPLETON ROAD
PENSACOLA, FL 32506 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WHITE JR., CHARLES
3700 BARNWELL CIR
PENSACOLA, FL 00000 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NELL, CHARLES A
7206 TIPPEN AVE.
PENSACOLA, FL 00000 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TOWNE, GORDON
4603 NORTHMOORE CT
PENSACOLA FL 32503 ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)