

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 700414**

1. Entity Name

NORTHWEST FLORIDA BLOOD CENTER, INC.**FILED**
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90548 001 ***140.00

14820

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**2201 NORTH 9TH AVE
PENSACOLA FL 32503-3948****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

4. FEI Number

59-0714811

Applied For

Not Applicable

Zip

Country

Zip

Country

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 E. 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 \$61.259. 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 **P** ☐ Delete
NAME **SMITH, JOSEPH D**
STREET ADDRESS **4020 GALLAHAD ROAD**
CITY-ST-ZIP **PENSACOLA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **CAMPBELL, PHILLIP R**
STREET ADDRESS **40 ROCKWOOD RD**
CITY-ST-ZIP **PENSACOLA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☐ Delete
NAME **BUTLER, ALTON DR**
STREET ADDRESS **7966 TEMPLETON RD**
CITY-ST-ZIP **PENSACOLA FL 32506**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **WHITE JR., CHARLES**
STREET ADDRESS **3700 BARNWELL CIR**
CITY-ST-ZIP **PENSACOLA, FL 00000**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **NELL, CHARLES A**
STREET ADDRESS **7206 TIPPEN AVE.**
CITY-ST-ZIP **PENSACOLA, FL 00000**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **TOWNE, GORDON**
STREET ADDRESS **4603 NORTHMOORE CT**
CITY-ST-ZIP **PENSACOLA FL 32503**TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)