

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

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90066 003 ****70.00

DOCUMENT # 700414

1. Entity Name

NORTHWEST FLORIDA BLOOD CENTER, INC.



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 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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, JOSEPH D	
STREET ADDRESS	4020 GALLAHAD ROAD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, PHILLIP R	
STREET ADDRESS	40 ROCKWOOD RD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BUTLER, ALTON DR	
STREET ADDRESS	7966 TEMPLETON RD	
CITY-ST-ZIP	PENSACOLA FL 32508	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE JR, CHARLES	
STREET ADDRESS	3700 BARNWELL CIR	
CITY-ST-ZIP	PENSACOLA, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELL, CHARLES A	
STREET ADDRESS	7206 TIPPEN AVE.	
CITY-ST-ZIP	PENSACOLA, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOWNE, GORDON	
STREET ADDRESS	4603 NORTHMOORE CT	
CITY-ST-ZIP	PENSACOLA FL 32503	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNER, ALBERT H	
STREET ADDRESS	2135 HALLMARK DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	SECRETARY - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARAZINE, CLYDE	
STREET ADDRESS	8421 MILLSTREAM DR	
CITY-ST-ZIP	PENSACOLA FL 32514	
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:

SIGNATURE REQUIRED

4/15/03

CR2E037 (10/02)