

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702714

1. Entity Name

INDIAN RIVER BLOOD BANK, INC.

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90011 012 ****70.00

Principal Place of Business

1300 36TH STREET
VERO BEACH FL 32960

Mailing Address

1300 36TH STREET
VERO BEACH FL 32960

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

59-0942152

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLOCK, SAMUEL A.

~~2127 10TH AVE.~~ 979 Beachland BLVD
~~VERO BEACH FL 32960~~ VERO Beach, FL 32963

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

Samuel A Block

7-12-00

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
After September 13, 2000 min. will be \$236.25

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 TD ☐ Delete
NAME NOLTE, MICHELLE
STREET ADDRESS 900 ROYAL PALM PL.
CITY-ST-ZIP VERO BEACH FL

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

TITLE ~~PD~~ ☐ Delete
NAME CHALMERS, DUNCAN
STREET ADDRESS 4910 PALEO PINES CIRCLE
CITY-ST-ZIP FT. PIERCE FL

TITLE ☐ Change ☐ Addition
NAME *Assist. Treasurer / D*
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME ATKINSON, ROBERT
STREET ADDRESS 1236 36TH AVE
CITY-ST-ZIP VERO BCH FL

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

TITLE ~~VP~~ ☐ Delete
NAME ADAMS, PAUL
STREET ADDRESS 6481 NORTH OLD DIXIE HWY
CITY-ST-ZIP FT. PIERCE FL

TITLE ☐ Change ☐ Addition
NAME *P/D*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME *V/D*
STREET ADDRESS *J. B. EGAN*
CITY-ST-ZIP *4631 - 9th Pl. Vero Beach FL 32960*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *X*

Samuel A Block

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561/231-1100

7-12-00

CP2E037 (5/00)