

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90727 001 \*\*\*616.25

**DOCUMENT # 709402**

1. Entity Name

**SOUTH FLORIDA BLOOD BANKS, INC.**

Principal Place of Business

Mailing Address

**933 45TH ST.  
W. PALM BEACH FL 33407-7618**

**P.O. BOX 078618  
W. PALM BEACH FL 33407-7618**

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

**59-0877825**

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

**FLYNN, JOHN H  
933 45TH STREET  
WEST PALM BEACH FL 33407-7618**

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 **CD** ☐ Delete  
NAME **ARVIDSON, PHILIP L**  
STREET ADDRESS **933 45TH STREET**  
CITY-ST-ZIP **W. PALM BEACH FL 33407**

TITLE **D/S/T** ☐ Change ☒ Addition  
NAME **TEG MOFFETT**  
STREET ADDRESS **933 45TH STREET**  
CITY-ST-ZIP **W. PALM BEACH, FL 33407**

TITLE **CD** ☒ Delete  
NAME **BERGES, BENJAMIN M.D.**  
STREET ADDRESS **933 45TH STREET**  
CITY-ST-ZIP **W. PALM BEACH FL 33407**

TITLE **D** ☐ Change ☒ Addition  
NAME **TIM REEVER**  
STREET ADDRESS **933 45TH STREET**  
CITY-ST-ZIP **W. PALM BEACH, FL 33407**

TITLE **P** ☐ Delete  
NAME **FLYNN, JOHN H**  
STREET ADDRESS **933 45TH STREET**  
CITY-ST-ZIP **W. PALM BEACH FL 33407**

TITLE **D** ☐ Change ☒ Addition  
NAME **MICHELE L. EASSA**  
STREET ADDRESS **933 45TH STREET**  
CITY-ST-ZIP **W. PALM BEACH, FL 33407**

TITLE **TSD** ☒ Delete  
NAME **HOLROYD, ROB**  
STREET ADDRESS **933 45TH STREET**  
CITY-ST-ZIP **W. PALM BEACH FL 33407**

TITLE **D** ☐ Change ☒ Addition  
NAME **CURTIS LYMAN**  
STREET ADDRESS **933 45TH STREET**  
CITY-ST-ZIP **W. PALM BEACH, FL 33407**

TITLE **VCD** ☐ Delete  
NAME **SOUTH, LAURA**  
STREET ADDRESS **933 45TH STREET**  
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **D** ☐ Change ☒ Addition  
NAME **PAUL VANDER GRIFT**  
STREET ADDRESS **933 45TH STREET**  
CITY-ST-ZIP **W. PALM BEACH, FL 33407**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **MARK KRILL**  
STREET ADDRESS **933 45TH STREET**  
CITY-ST-ZIP **W. PALM BEACH, FL 33407**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-19-2002**

Date

**561-845-1323**

Daytime Phone #

CR2E037 (9/01)