

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712776

1. Entity Name

BLOOD CENTER OF THE ST. JOHNS, INC.

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90940 028 \*\*\*\*61.25

0059541

Principal Place of Business

Mailing Address

110 HEALTH PARK BLVD  
ST AUGUSTINE FL 32086

110 HEALTH PARK BLVD  
ST AUGUSTINE FL 32086

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEE Number

59-0752920

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

BAILEY, JOHN D., JR.  
780 N PONCE DE LEON BLVD  
ST AUGUSTINE FL 32084

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	D PANTALEON, YANET 400 HEALTH PARK BLVD. SAINT AUGUSTINE FL 32086	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUKE, BORCHARDT 7 GRANDVIEW RD ST AUGUSTINE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAILEY, JOHN D. JR. 780 N PONCE DE LEON BLVD ST. AUGUSTINE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMPSON, SHIRLEY 208 PELICAN REEF DRIVE ST. AUGUSTINE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGRATH, WILLIAM 12 SARAGOSSA ST. AUGUSTINE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED PELOQUIN, PETER M. % 110 HEALTH PARK BLVD ST AUGUSTINE FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS, RAYMA 468 AGRICOLA AVE ST. AUGUSTINE, FL 32080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, NETTIE RUTH 141 OUIDO ST. ST. AUGUSTINE, FL 32084 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-02

904-824-1891

Date

Daytime Phone #

CR2E037 (9/01)