

2000 UNIFORM BUSINESS REPORT (UBR)

3/3/00-90022-017-\$61.25-\$61.25

DOCUMENT # 712967

1. Entity Name

MANATEE COMMUNITY BLOOD CENTER, INC.

FILED

00 MAR 27 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 216 MANATEE AVENUE EAST BRADENTON FL 34208	Mailing Address 216 MANATEE AVENUE EAST BRADENTON FL 34208-1932
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number 59-0774195	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DAVIS, DIANA 216 MANATEE AVE EAST BRADENTON FL 34208

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <i>Diana Davis</i> Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GENTILE, JIM 1001 3RD AVE W, SUITE 700 BRADENTON FL 34205 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WYKE, DICK 219 32ND STREET WEST BRADENTON FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LISCH, ELOISE 215 25TH ST W BRADENTON FL 34205 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD CREIGHTON, BEDDOW 612 7TH STREET WEST PALMETTO FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHITE, JAMES 802 11TH ST. W. BRADENTON FL 34205 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESHA, MICKEY 880 33RD ST. E. PALMETTO FL 34221 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4301 32ND STREET W. SUITE DS BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAST CHAIRMAN D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CHAIRMAN D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HUGH MCGUIRE, JR 1001 3RD AVE. W. BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER D <input checked="" 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: <i>Shirley A. Beaudry</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	11 FEB 2000 Date	941-748-2456 Daytime Phone #
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CR2E037 (9/99)