

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724102

1. Entity Name

SICKLE CELL DISEASE ASSOCIATION OF FLORIDA, INC.

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90073 037 \*\*\*\*70.00

Principal Place of Business

3402 N 22ND STREET  
P.O. BOX 11982  
TAMPA FL 33605  
US

Mailing Address

P.O. BOX 11982  
TAMPA FL 33680  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1984847

Applied For

Not Applicable

Zip

Country

Zip

Country

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

REDDICK, FRANK A.  
4610 JOHN BELL DRIVE  
TAMPA FL 33610

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 PD ☐ Delete  
NAME BUSH, BARBARA  
STREET ADDRESS 3116 AUSTRALIAN COURT  
CITY-ST-ZIP WEST PALM BEACH FL

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

TITLE VD ☐ Delete  
NAME HUDNELL, CHARLIE B  
STREET ADDRESS 1203 WESTCHESTER DRIVE EAST  
CITY-ST-ZIP WEST PALM BEACH FL

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

TITLE ~~TD~~ ☒ Delete  
NAME ~~BARTLEY, WILLIAM W III~~  
STREET ADDRESS ~~1600 GARDEN STREET #39~~  
CITY-ST-ZIP ~~THUOHVILLE FL~~

TITLE TD ☒ Change ☐ Addition  
NAME BARTLEY, WILLIAM W III  
STREET ADDRESS 965 PINELAND DRIVE  
CITY-ST-ZIP ROCKLEDGE FL

TITLE ~~VD~~ ☒ Delete  
NAME ~~WILEY, SARAH~~  
STREET ADDRESS ~~515 SEQUOIA DRIVE #112~~  
CITY-ST-ZIP ~~W PALM BEACH FL~~

TITLE VD ☒ Change ☐ Addition  
NAME WILEY, SARAH  
STREET ADDRESS 515 SEQUOIA DRIVE, #112  
CITY-ST-ZIP W PALM BEACH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition  
NAME DURIAS, BARBARA A  
STREET ADDRESS 707 HEINEMAN STREET  
CITY-ST-ZIP DAYTONA BEACH FL

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: William W. Bartley III **W. Bartley III** **15 MAR 01** **813.248.2888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)