

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724102

1. Entity Name

SICKLE CELL DISEASE ASSOCIATION OF FLORIDA, INC.

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91401 028 ****70.00

0073393

Principal Place of Business

Mailing Address

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

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

Zip

Country

Zip

Country

4. FEI Number

59-1984847

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$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

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

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

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

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

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

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

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

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

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

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02

321.638.3818
Daytime Phone #

CR2E037 (9/01)