

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90068 018 ****70.00

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1. Entity Name

SICKLE CELL DISEASE ASSOCIATION OF FLORIDA, INC.



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

Zip

Country

Zip

Country

4. FEI Number **59-1984847**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE **TD** ☒ Delete
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 DR #112**
CITY-ST-ZIP **W PALM BEACH FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VD** ☐ Change ☒ Addition
NAME **KENNETH THURSTON**
STREET ADDRESS **4877 NW 67th AVENUE**
CITY-ST-ZIP **LAUDERHILL, FL 33319**

TITLE **TD** ☐ Change ☒ Addition
NAME **MARIE DIXON-JONES**
STREET ADDRESS **3402 N. 22ND ST.**
CITY-ST-ZIP **TAMPA, FL 33605**

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE: FRANK REDDICK - COO

3/3/03

913/248-2888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)